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KENT COUNTY COUNCIL

EDUCATION COMMITTEE

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
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# ANNUAL REPORT

OF THE

# SCHOOL MEDICAL OFFICER

For the Year 1952

A. ELLIOTT, M.D., D.P.H.
*School Medical Officer*

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Health Department,
County Hall,
Maidstone.

*24th February*, 1953.

**To the Chairman and Members of the Kent Education Committee**

My annual report as School Medical Officer for the year 1952 contains details of the many aspects of the service, comments on the more important points being given under the various headings. In general, it shows that the standard of the service provided has been well sustained and that the health of children in maintained schools continues to be satisfactory.

The number of children on the school rolls increased from 199,600 on the 31st December, 1951, to 209,376 on 31st December, 1952. Routine medical inspections of 87,588 children were carried out during the year and in addition 42,270 re-examinations were made of children suffering from defects of one sort or another. The nature of these defects is analysed in the tables in the latter part of this report.

The general condition of the pupils remained satisfactory, 42·4 per cent. being included in Category A, 53·5 per cent. in Category B and 4·1 per cent. in Category C—these figures being closely comparable with those for the preceding year.

I am glad to be able to report that, despite the increase in the numbers of children in school, it has been possible to maintain the full programme of inspections and re-examinations, despite a considerable volume of additional work involved in the examination of teachers and entrants to the teaching profession now required by the Ministry of Education and which is referred to in detail on page 2 of the report. It is of interest to record that this examination includes an X-ray examination of the chest which has been the practice in this County now for some years, and of which the value, in protecting the children from possible infection by the early detection of cases of pulmonary tuberculosis, has already been demonstrated.

Other points to which I would desire to draw attention are the improvement in the recruitment of dental officers, which has been a matter for some anxiety, although it can be said that in this County we have been fortunate compared with many authorities, and to the notes on physical education with which I have been provided by the County Education Officer. These have been included as the subject is in my view an important matter in connexion with the health of children, and one in which close association between the educational and medical staffs is essential. The meeting between the Assistant County Medical Officers and Physical Education Officers mentioned under the heading of Remedial Work was of great value and interest, both from the technical aspect and that of mutual contact and understanding. The benefit from the remedial classes undertaken by physical education teachers has been noteworthy in its results to the children concerned, who have been enabled to receive this treatment with a minimum loss of school time and with a resultant diminution of the burden on orthopædic clinics, leaving the latter more free to deal with the more serious defects.

I should again like to conclude this prefatory note with an expression of thanks to the Members of the Committee for their support and to the administrative and teaching staff of the Education Department and the staff of the School Health Service.

A. ELLIOTT,
*School Medical Officer.*

# REPORT OF THE SCHOOL MEDICAL OFFICER
## on the
## HEALTH of the SCHOOL CHILD
## for the Year Ended 31st December, 1952

General Information.

Particulars relating to schools, etc., in the area of the Education Committee on 31st December, 1952:—

| | |
|---|---|
| Estimated population of the Administrative County (at the 30th June, 1951) | 1,549,360 |
| Number of Primary Schools or departments | 676 |
| Number of pupils on the roll | 132,590 |
| Number of Secondary Schools | 123 |
| Number of pupils on the roll | 53,363 |
| Number of Grammar Schools | 35 |
| Number of pupils on the roll | 17,048 |
| Number of Technical Schools | 17 |
| Number of pupils on the roll | 6,375 |
| Number of minor ailment clinics | 65 |
| Number of dental clinics (52 permanent, 28 temporary) | 80 |
| Number of mobile dental clinics | 3 |
| Number of ophthalmic clinics | 27 |
| Number of orthopædic clinics under the control of the Health Committee | 13 |
| Number of speech therapy clinics | 16 |
| Number of child guidance clinics (including City of Canterbury) | 6 |

School Clinics.—The following are the permanent clinics in the Committee's area, including clinics attached to Hospitals:—

| *Clinic* | *Address* | *Services* |
|---|---|---|
| Ashford | 14, Canterbury Road | M.R.D. Sd. |
| Ashford | Child Welfare Centre, Station Road | O. |
| Aylesham | A.R.P. Shelter, C.P. School | M.D. |
| Borough Green | Western Hall | M.D. |
| Broadstairs | Mothercraft Club | D. |
| †Canterbury | 51, London Road | C.G. |
| Canterbury | Kent and Canterbury Hospital | R. |
| Canterbury | 94, Whitstable Road | D. Sd. |
| Chatham | Elm House, 15, New Road Avenue | M. |
| Chatham | 118, Maidstone Road | M.R.D. Sd. C.G. |
| Chislehurst | The Willows, Red Hill | M.R.D. Sd. C.G. Asthma |
| Cranbrook | A.R.P. Shelter, C. Sec. School | D. |
| Crayford | Mayplace Road C.P. School, Woodside Road, Bexleyheath | C.G.D. |
| Crayford | Town Hall (adjoining) | M.R. Asthma Sd. |
| Crayford | Youth Centre, North End | M. |
| Dartford | West Hill Hospital | M.R. Asthma D. |
| Deal | The First Aid Post, Victoria Park | M.D. Sd. |
| Deal | Victoria Hospital | R. |
| Dover | Royal Victoria Hospital | M.R. |
| Dover | Astor Dental Clinic | D. |
| Erith | Hainault, Lesney Park Road | M.R.D. |
| Erith | Bedonwell Hill | M.D.O. |
| Erith | Lesnes Abbey | M. |
| Faversham | Wesleyan Hall, Solomon's Lane, Preston Street | M.D. |
| Folkestone | Old Harvey Grammar School, Foord Road | M.D. |
| Folkestone | Baker Road, Cheriton | M.D. Sd. |
| Gravesend | Windmill Street, Welfare Centre | M. |
| Gravesend | "The Nest," Welfare Centre | M. Sd. |
| Gravesend | Gravesend and North Kent Hospital | R. |
| Gravesend | 5, Manor Road | D. |
| Gravesend | Estate Office, Whitehill Road | M. |
| Herne Bay | K.C.C. Treatment Centre, Kings Road | M.R.D. |
| Hythe | Child Welfare Centre, Prospect Road | R.D. |
| Maidstone | Foster Street | M.D. |
| Maidstone | Brunswick House, Buckland Hill | C.G. Sd. |
| Maidstone | Ophthalmic and Aural Hospital | R. |
| Maidstone | North Borough C.P. School | D. |
| Maidstone | South Borough C. Sec. School | D. |
| Margate | Child Welfare Centre, College Road | M.R.D.O. |
| Margate | King Ethelbert Clinic | M. |
| Margate | Eton House, St. Peter's Road | Sd. |
| Mottingham | Kimmeridge Road | M.D. |
| Northfleet | West Kent House, Station Road | M.D. |
| Orpington | School House, Chislehurst Road C.P. School | M.R.D. |
| Paddock Wood | Paddock Wood C. Sec. School | D. |
| Penge | 17, Oakfield Road, S.E.20 | M.R.D. |
| Ramsgate | Health Centre, Newington Road | M.R.D.O. U.V.R. |
| Rochester | Strood House, Corporation Street | M.D. |
| Rochester | Gun Lane, Strood | M. |
| Sevenoaks | Dorset House, St. John's Road | M.D.R.O. |
| Sheerness | Granville Villa, Granville Road | M.R.D. |
| Sidcup | 10, Station Road | M.D. |
| Sittingbourne | 36, Albany Road | M.R.D. |
| Sittingbourne | Johnson House, Burley Road | O. |
| Snodland | C.W. Rooms, Malling Road | M.D. |
| Southborough | Prospect Road | D. |
| Swanley | Congregational Hall | D. |
| Tenterden | Town Hall | D.O. |
| Tonbridge | Baltic Road, Quarry Hill | M.D.R. Sd. |
| Tunbridge Wells | 10-12, Calverley Terrace, Crescent Road | M.D.R. Sd. O. |
| Tunbridge Wells | 3, Mount Ephraim Road | C.G. |
| Walmer | Liverpool Street | D. |
| Whitstable | Masonic Hall, Cromwell Road | M.D. |
| Whitstable | Clifford Hall | R. |
| West Malling | Badminton Hall | D. |

EXCEPTED DISTRICTS

| *Clinic* | *Address* | *Services* |
|---|---|---|
| Beckenham | 80, Croydon Road | D. |
| Beckenham | School Clinic, Town Hall | M.R.D. Sd. O.U.V.R. |
| Beckenham | Hawes Down Clinic | M.D. Sd. O. |
| Beckenham | Alexandra School | M. |
| Beckenham | Balgowan School | M. |
| Beckenham | Grammar School for Boys | M. |
| Beckenham | Grammar School for Girls | M. |
| Beckenham | Bromley Road School | M. |
| Beckenham | Churchfields School | M. |
| Beckenham | Churchfields Special School | M. |
| Beckenham | Hawes Down School | M. |
| Beckenham | Marian Vian School | M. |
| Beckenham | Stewart Fleming School | M. |
| Beckenham | Wickham Common School | M. |
| Bexley | Little Danson Clinic, Welling | M.D.R. |
| Bexley | 3, Murchison Avenue, Bexley | M.O. |
| Bexley | Wrotham Road Clinic | Sd. M. |
| Bexley | Child Welfare Centre, Station Approach Road, Welling | O. |
| Bexley | 315, Broadway, Bexley Heath | M.D. U.V.R. |
| Bromley | Princes Plain Clinic | Sd. M. U.V.R. |
| Bromley | North Clinic, Station Road | O.M.R.D.S. U.V.R. |
| Bromley | Hayes C.P. School | M. |
| Bromley | Burnt Ash C.P. School | M. |
| Bromley | Quernmore School, London Lane | M. |
| Bromley | Aylesbury Road School | M. |
| Bromley | Southborough Lane | M. |
| Gillingham | Balmoral Gardens Clinic | M.R.D. |
| Gillingham | Health Centre, Rainham | M.D. |

U.V.R.—Ultra Violet Radiation
M.—Minor Ailments
R.—Refractions
D.—Dental
C.G.—Child Guidance
Sd.—Speech defects
S.—Orthoptic training
O.—Orthopædic*

* These clinics are administered by the Health Committee.
† This clinic is administered by the City of Canterbury Education Committee.

In addition, temporary dental clinics are held as required in different parishes by arrangement with the Trustees of Village Halls, etc.

## STAFF

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1952

| | Proportion of whole-time allotted to School Health Service (Percentage) | Other Services (Percentage) |
|---|---|---|
| SCHOOL MEDICAL OFFICER: | | |
| Elliott, A., M.D., D.P.H. | 25·0 | 75·0 |
| DEPUTY SCHOOL MEDICAL OFFICER: | | |
| Lyon, D. M., O.B.E., M.B., CH.B., D.P.H. | 50·0 | 50·0 |
| SENIOR ASSISTANT COUNTY MEDICAL OFFICERS (Central Staff): | | |
| Allen, Letitia M., M.B., CH.B., D.P.H. | 9·1 | 90·9 |
| Hazeldene, J. H., M.B., CH.B. | 75·0 | 25·0 |
| ASSISTANT COUNTY MEDICAL OFFICERS: | | |
| Archer, G. Marjorie, M.R.C.S., L.R.C.P. | 95·4 | 4·6 |
| Bain, R. M., M.B., CH.B., D.P.H. | 77·3 | 22·7 |
| Begg, Rosemary A., M.B., CH.B. (Commenced 1/4/52) | 72·7 | 27·3 |
| Brennen, R. G., M.B., B.CH., D.P.H. (Commenced 17/3/52) | 54·5 | 45·5 |
| Butterfield, Kathleen F., M.R.C.S., L.R.C.P., D.P.H. | 77·3 | 22·7 |
| Campbell, C., L.R.C.S., L.R.C.P., D.P.H., L.D.S. | 100·0 | — |
| Cagney, Mary, M.B., CH.B. | 63·7 | 36·3 |
| Cheesman, J. E., L.M.S.S.A., D.P.H. | 100·0 | — |
| Denholm-Young, Hilda M., M.A., M.B., CH.B. | 100·0 | — |

| | Proportion of whole-time allotted to School Health Service (Percentage) | Other Services (Percentage) |
|---|---|---|
| Dennison, D. J., M.B., B.S., M.R.C.S., L.R.C.P. | 77·3 | 22·7 |
| Desmond, D., M.B., B.CH., D.P.H. | 79·5 | 20·5 |
| †Eunson, Margaret W., M.B., CH.B., D.P.H. | 36·4 | — |
| Flynn, Mary, M.B., CH.B., D.P.H. | 79·5 | 20·5 |
| Fox, F. W., M.B., CH.B. (From 12/1/53) | 100·0 | — |
| Fox, Helen D., M.B., B.S. (Transferred from Bexley E.D. 18/8/52) | 68·3 | 31·7 |
| Godfrey, Joan F., L.R.C.P.E., L.R.C.S.E. (Until 14/3/52) | — | — |
| Goldthorpe, J. Clarke, M.R.C.S., L.R.C.P. | 95·4 | 4·6 |
| Handy, R., M.B., B.S. (Commenced 1/4/52) | 61·3 | 38·7 |
| Harper, C. H., M.B., B.S., M.R.C.S., L.R.C.P. | 68·1 | 31·9 |
| Harrison, Clarice, M.B., CH.B. | 27·3 | 72·7 |
| Hauxwell, Margaret, M.B., CH.B. (Commenced 26/5/52) | 40·9 | 59·1 |
| †Hawkins, B. E., M.R.C.S., L.R.C.P. | 18·2 | — |
| Heavens, W. H. N., M.R.C.S., L.R.C.P. | 72·7 | 27·3 |
| †Hewett, Beryl M., M.B., B.S., D.P.H. | 31·8 | — |
| Isaac, K. M. Gower, M.B., B.S. | 50·0 | 50·0 |
| †Kirk, D. W., M.B., CH.B. | 18·2 | — |
| Kyle, Edith E., B.A., M.B., B.CH., B.A.O. | 72·7 | 27·3 |
| Laing, Stephanie A., M.R.C.S., L.R.C.P., D.C.H. (Transferred to Bromley E.D. 1/7/52) | — | — |
| Long, Mary E., M.R.C.S., L.R.C.P., D.R.C.O.G. | 63·6 | 36·4 |
| Love, Mary, M.B., CH.B., D.P.H., D.R.C.O.G. | 68·3 | 31·7 |
| Molesworth, E. M., M.B., CH.B. | 97·7 | 2·3 |
| Nicholls, Edith G., M.A., M.B., CH.B. | 9·1 | 90·9 |
| Nithsdale, Jean, M.B., CH.B., D.P.H. | 54·5 | 45·5 |
| Paterson, Elfriede, M.R.C.S., L.R.C.P. | 68·3 | 31·7 |
| Pimm, Constance S., M.B., CH.B. | 100·0 | — |
| Pond, Margaret, M.R.C.S., L.R.C.P., D.C.H. (Until 31/3/52) | — | — |
| †Pringle, E. G., M.D. | 18·2 | — |
| Ryan, M. M., L.R.C.P. AND S.I., D.P.H. (Until 29/2/52) | — | — |
| Stableforth, Gladys, M.D. | 54·5 | 45·5 |
| Sharvelle, Doris G., M.R.C.S., L.R.C.P., D.P.H. | 84·1 | 15·9 |
| Sugden, K. H., M.R.C.S., L.R.C.P. | 77·3 | 22·7 |
| Taylor, Barbara M. G., M.R.C.S., L.R.C.P., D.P.H. | 77·3 | 22·7 |
| Troughton, Kathleen N. W., M.B., B.S. | 81·8 | 18·2 |
| Whyte, Elizabeth C., M.B., CH.B., D.C.H. | 77·2 | 22·8 |

In addition, the undermentioned Medical Officer of Health undertakes work on behalf of the Education Committee:—

| | | |
|---|---|---|
| Davies, H. S., M.D., D.P.H. | 18·2 | 81·8 |
| **Senior Dental Officer:** | | |
| Saunders, F. J., L.D.S. | 63·6 | 36·4 |
| **Dental Surgeon for Orthodontic Services:** | | |
| Dickson, G. C., F.D.S., B.CH.D. (Until 1/3/52) | — | — |
| Roberts, G. H., B.CH.D. (Commenced 1/3/52) | 100·0 | — |
| **Dental Surgeons:** | | |
| Cantor, H., L.D.S. | 85·6 | 14·4 |
| Cardell, I. S., L.D.S. | 98·0 | 2·0 |
| Collard, S. T., L.D.S. (Commenced 1/10/52) | 97·0 | 3·0 |
| Crisp, B., L.D.S. | 98·2 | 1·8 |
| Cross, Mary E. O., L.D.S. | 95·6 | 4·4 |
| Davis, H. de V., L.D.S. (Commenced 5/8/52) | 100·0 | — |
| Dawe, Marjorie K. M., L.D.S. | 97·0 | 3·0 |
| Dawe, W. W. F., L.D.S. | 85·6 | 14·4 |
| Donald, J. R., L.D.S. | 100·0 | — |
| Elvy, Doris M., L.D.S. | 87·2 | 12·8 |
| Gausden, P. D., L.D.S. | 93·3 | 6·7 |
| Hall, T. A., L.D.S. | 86·3 | 13·7 |
| Hayes, L. F., L.D.S. | 82·3 | 17·7 |
| Hill, C. H., L.D.S. | 89·6 | 10·4 |
| Horncastle, M. J., L.D.S. (Commenced 11/8/52) | 100·0 | — |
| Lount, Joy, L.D.S. (Commenced 1/1/52) | 82·3 | 17·7 |
| Mahler, Edith, L.D.S. | 83·6 | 16·4 |
| Markham, F., L.D.S. | 98·0 | 2·0 |

| | Proportion of whole-time allotted to School Health Service (Percentage) | Other Services (Percentage) |
|---|---|---|
| Moffat, W., L.D.S. | 91·5 | 8·5 |
| †Pollock, J. Glen, L.D.S. | 9·1 | — |
| Pryor, A., L.D.S. | 92·1 | 7·9 |
| †Reynolds, E. P., L.D.S. (Commenced 1/12/52) | 36·4 | — |
| Robinson, D. E., L.D.S. (Until 15/8/52) | — | — |
| †Rumble, J. D., L.D.S. | 36·4 | — |
| Roberts, G. H., B.CH.D. (Until 28/2/52) | — | — |
| Seal, H. S. K., L.D.S. | 100·0 | — |
| Simpson, O., B.D.S., L.D.S. | 97·1 | 2·9 |
| Squier, Agnes, L.D.S. | 76·1 | 23·9 |
| Storey, Margaret B., L.D.S. | 89·0 | 11·0 |
| †Sturgess, Pauline, L.D.S. | 45·5 | — |
| Thorn, N. K., L.D.S. | 86·9 | 13·1 |
| White, Millicent, L.D.S. | 90·7 | 9·3 |
| Williams, B. T., L.D.S. (Commenced 15/9/52) | 94·3 | 5·7 |

Officers engaged in Specialist Services at school clinics:—

| | Time given to School Health Service (Percentage) |
|---|---|
| OPHTHALMOLOGISTS AND REFRACTIONISTS†: | |
| Allen, N. H., M.R.C.S., L.R.C.P. | 9·1 |
| Applin, H. W., M.S., D.O.M.S. | 9·1 |
| Chivers, J. A., M.B., D.O.M.S. | 18·2 |
| Clark, J. E., Commander, R.N. (Retd.), M.R.C.S., L.R.C.P., D.O.M.S. | 13·5 |
| Crawford, R. A. D., M.D., D.O.M.S. | 36·4 |
| Cogan, J. E. H., M.B., CH.B., D.O. | 13·5 |
| *Lorriman, F. J., M.D., F.R.C.S.E. | 31·8 |
| McDonnell, M., M.B., B.CH., D.P.H. | 9·1 |
| Medlycott, B. R., M.B., B.S., D.O.M.S. | 45·5 |
| Rushton, R. H., M.R.C.S., L.R.C.P., D.O.M.S. | 9·1 |
| Simmons, G. L., M.R.C.S., L.R.C.P., D.O.M.S. | 54·5 |
| Symons, H. M., M.B., B.S., D.O.M.S. | 9·1 |
| ORTHOPÆDIC SURGEONS†: | |
| *Baird, R. C., F.R.C.S. | 2·9 |
| *Buck, J. E., F.R.C.S. | 4·5 |
| *Gervis, W. H., M.A., M.B., F.R.C.S. | 6·7 |
| *Mayer, J. H., F.R.C.S. | 6·7 |
| *St. Clair Strange, F. G., F.R.C.S. | 4·5 |
| *Wynne, W. E. C., F.R.C.S.I. | 9·1 |
| PSYCHIATRISTS: | |
| *Clouston, G. S., M.D., CH.B., D.P.M. | 100·0 |
| *FitzHerbert, Joan, M.R.C.S., L.R.C.P., D.P.M. | 100·0 |
| *†Maberly, A., M.B., B.CH. | 18·2 |
| *†Smith, J. Vincent, M.A., M.B., CH.B. | 63·6 |
| *Wellisch, Erich, M.D. | 100·0 |

| | Proportion of whole-time allotted to School Health Service (Percentage) | Other Services (Percentage) |
|---|---|---|
| EXCEPTED DISTRICTS: | | |
| BECKENHAM BOROUGH | | |
| *Medical Officer of Health:* | | |
| Edwards, L. R. L., M.D., D.P.H. | 36·0 | 64·0 |
| *Assistant Medical Officers:* | | |
| Collett, Susan, L.R.C.P., L.R.C.S. | 68·1 | 31·9 |
| †Finer, D. I., M.R.C.S., L.R.C.P. | 9·1 | — |
| †Harrison, L. T., B.SC., M.R.C.S., L.R.C.P. | 9·1 | — |
| †Sheridan, M., M.B., B.CH., B.A.O. | 9·1 | — |
| †Stilwell, G. D., M.R.C.S., L.R.C.P. | 9·1 | — |
| OPHTHALMOLOGIST: | | |
| †Lorriman, F. J., M.D., F.R.C.S.E. | 9·1 | — |

| | Proportion of whole-time allotted to School Health Service (Percentage) | Other Services (Percentage) |
|---|---|---|
| ORTHOPÆDIC SURGEON: | | |
| *Hulbert, K. F., F.R.C.S. | 9·1 | — |
| DENTAL SURGEONS: | | |
| †Kininmonth, Mrs. M., L.D.S. | 54·0 | 0·5 |
| Waters, R. A., L.D.S. | 92·0 | 8·0 |
| BEXLEY BOROUGH | | |
| *Medical Officer of Health:* | | |
| Landon, John, M.R.C.S., L.R.C.P., D.P.H. | 25·0 | 75·0 |
| *Assistant Medical Officers:* | | |
| Boyd, Lucy C. M., M.B., CH.B. (Until 31/1/52) | — | — |
| Fox, Helen D., M.B., B.S. (Until 17/8/52) | — | — |
| Ring, Stella M., M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (Commenced 18/2/52) | 81·8 | 18·2 |
| Walter, Nora, M.B., B.CH., B.A.O., D.C.H. | 54·5 | 45·5 |
| Yeates, Sybil Ruth, M.B., B.S., M.R.C.S., L.R.C.P. (Commenced 18/8/52) | 90·9 | 9·1 |
| OPHTHALMOLOGIST: | | |
| †Chambers, R. M., M.B., B.S., D.O.M.S. | 27·2 | — |
| ORTHOPÆDIC SURGEONS: | | |
| *Hulbert, K. F., F.R.C.S. | 4·5 | — |
| *Lawson, B., F.R.C.S.E. | 4·5 | — |
| DENTAL SURGEONS: | | |
| Wade, H., L.D.S. | 81·8 | 18·2 |
| †Francis, Elizabeth, B.D.S., L.D.S. | 63·6 | — |
| †Quail, F., L.D.S. (Commenced 21/7/52) | 36·4 | — |
| BROMLEY BOROUGH | | |
| *Medical Officer of Health:* | | |
| Tapper, K. E., O.B.E., G.M., M.B., CH.B., D.P.H. | 25·0 | 75·0 |
| *Deputy Medical Officer of Health:* | | |
| Carter-Locke, H. B. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. | 50·0 | 50·0 |
| *Assistant Medical Officers:* | | |
| Currie, P. A., M.R.C.S., L.R.C.P. | 70·0 | 30·0 |
| Laing, Stephanie A., M.R.C.S., L.R.C.P., D.C.H. (Commenced 1/7/52) | 44·0 | 56·0 |
| Orgler, A. E., M.D. (Berlin) (Until 30/9/52) | — | — |
| Stinson, Gertrude H., M.R.C.S., L.R.C.P. (Until 30/6/52) | — | — |
| OPHTHALMOLOGIST: | | |
| †Lyle, E. H. W., M.A., M.D., D.O.M.S. | 27·3 | — |
| DENTAL SURGEONS: | | |
| King, A. F., L.D.S. | 88·1 | 11·9 |
| Lindsay, Mrs. C. M., L.D.S. (Commenced 1/11/52) | 100·0 | — |
| ORTHOPÆDIC SURGEON: | | |
| *Hulbert, K. F., F.R.C.S. | 9·1 | — |
| GILLINGHAM BOROUGH | | |
| *Acting Medical Officer of Health:* | | |
| Dunlop, Meta L., M.B., CH.B., D.P.H. | 37·5 | 62·5 |
| *Assistant Medical Officers:* | | |
| †Corrall, Lorna Marmion, M.B., B.S., D.P.H. (Commenced 6/5/52) | 27·2 | — |
| †Hughes, G. E., M.R.C.S., L.R.C.P. (Until 31/8/52) | — | — |
| †Porter, R. I., M.B., B.CH. | 9·1 | — |
| †Roffey, Mrs. J., M.R.C.S., L.R.C.P. | 45·5 | — |
| †Shenai, S. N. S., L.M.S.S.A. (Commenced 20/10/52) | 9·1 | — |

| | Proportion of whole-time allotted to School Health Service (Percentage) | Other Services (Percentage) |
|---|---|---|
| OPHTHALMOLOGIST: | | |
| †Crawford, R. A. D., M.D., D.O.M.S. (Until 28/7/52) .. .. | — | — |
| †Clark, J. E., Commander, R.N. (Retd.), M.R.C.S., L.R.C.P., D.O.M.S. (Commenced 27/8/52) .. .. .. .. | 9·1 | — |
| DENTAL SURGEON: | | |
| Griffiths, W. C., L.D.S. .. .. .. .. .. .. | 95·0 | 5·0 |

* Officers of the Regional Hospital Board.
† Part-time.

| OTHER STAFF: | Number of Officers | Aggregate of time given to School Health Service work in terms of whole-time officers |
|---|---|---|
| Health Visitors .. .. .. .. .. | 242 | 80 |
| Dental Attendants .. .. .. .. .. | 38 | 35·75 |
| Psychologists .. .. .. .. .. .. | 10 | 6·7 |
| Psychiatric Social Workers .. .. .. .. | 6 | 4·5 |
| Child Therapist .. .. .. .. .. | 1 | 0·55 |
| Speech Therapists .. .. .. .. .. | 9 | 8·5 |
| Oral Hygienist .. .. .. .. .. | 1 | 1 |

With the retirement of Dr. Orgler in September, 1952, it was decided to re-organise the arrangements in the "Excepted" District of Bromley in order that his successor could assist with the work of medical inspection in North-West Kent. It was not found possible to fill the vacancy until November, and Dr. F. W. Fox will begin duty on 12th January, 1953.

In 1948 the Committee agreed to increase the medical staff by three appointments additional to the number required for the normal conduct of the School Health Service in order that each Assistant County Medical Officer can be seconded for three months for continuous duties in the Pædiatric Unit in the Farnborough Hospital. Owing to the increase in the school roll since 1949, it has been necessary to allocate a specific area to the Relief Medical Officers, but during the year under review it was found possible to arrange for two Medical Officers to be seconded as full-time clinical assistants at the Farnborough Hospital for a period of three months. Four Assistant County Medical Officers were seconded to act as clinical assistants for one half day a week to the Consultant Pædiatricians at hospitals at Chatham, Dartford, Dover and Maidstone, and four Medical Officers attended courses on the ascertainment and educational treatment of educationally subnormal children. The arrangements were also continued whereby a number of Assistant County Medical Officers attended clinical classes at the Farnborough Hospital. Sixty-five per cent. of the full-time medical staff are now approved by the Minister of Education under Regulation 53 of the Handicapped Pupils and School Health Service Regulations, 1945, for the examination of educationally subnormal children.

Authority was given to the appointment of an additional full-time Speech Therapist to replace two part-time officers, and for the establishment to be increased to ten, including the time given by two part-time Therapists.

Arrangements were made for one of the Committee's Educational Psychologists to give part-time service at the Southdowns Reception Centre, Doddington, which is administered by the Children's Committee.

Information concerning the staff of the School Dental Service is given in the report of the Senior Dental Officer on page 20.

### MEDICAL INSPECTION.

There has been no change in the arrangements for periodic medical inspection, and pupils in the age groups prescribed by the Minister of Education were examined. In my report for 1951 I stated that, owing to the increase in the school roll, it would prove difficult to carry out the full programme of routine inspections approved by the Committee, but I am pleased to report that it has been found possible in the larger part of the County to examine the children aged eight years, in addition to the children in the prescribed age groups. Every Primary and Secondary School is visited twice a year and visits are made each term to Grammar and Technical Schools. Every endeavour is made to avoid dislocation of school work, and this is greatly facilitated where special provision is made for the Medical Officer's accommodation.

The number of children examined in the routine age groups was 87,588, which represents 41·8 per cent. of the pupils on the school roll, compared with 40 per cent. for the previous year. In addition, 42,270 re-examinations of pupils found defective were carried out, compared with 40,758 re-inspections in 1951.

### HANDICAPPED PUPILS.

The following table shows the number of handicapped pupils requiring education at special schools or boarding in boarding homes:—

TABLE I

| | (1) Blind (2) Partially sighted | | (3) Deaf (4) Partially Deaf | | (5) Delicate (6) Physically Handicapped | | (7) Educationally sub-normal (8) Maladjusted | | (9) Epileptic | — Total (1)-(9) |
|---|---|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| In the calendar year ended 31st Dec., 1952:— | | | | | | | | | | |
| A. Handicapped Pupils *newly placed* in Special Schools or Homes | 7 | 9 | 11 | 16 | 366 | 63 | 96 | 57 | 5 | 630 |
| B. Handicapped Pupils *newly ascertained* as requiring education at Special Schools or boarding in Homes | 7 | 10 | 14 | 6 | 374 | 54 | 180 | 41 | 8 | 694 |

Number of children reported during the year:—

| | |
|---|---|
| (*a*) under Section 57(3) (excluding any returned under (*b*)) .. .. | 83 |
| (*b*) ,, ,, ,, relying on Section 57(4) .. .. .. .. | 0 |
| (*c*) ,, ,, 57(5) .. .. .. .. .. .. .. | 73 |

of the Education Act, 1944.

| | (1) Blind (2) Partially sighted | | (3) Deaf (4) Partially Deaf | | (5) Delicate (6) Physically Handicapped | | (7) Educationally sub-normal (8) Maladjusted | | (9) Epileptic | Total (1)-(9) |
|---|---|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| On or about 1st December, 1952:— | | | | | | | | | | |
| C. Number of Handicapped Pupils from the area— | | | | | | | | | | |
| (i) attending Special Schools as | | | | | | | | | | |
| (*a*) Day Pupils .. | — | 11 | 22 | 12 | 71 | 71 | 113 | — | — | 300 |
| (*b*) Boarding Pupils | 42 | 35 | 83 | 19 | 267 | 112 | 172 | 43 | 24 | 797 |
| (ii) boarded in Homes .. | — | — | 8 | 4 | 1 | 9 | 23 | 75 | 2 | 122 |
| (iii) attending independent schools under arrangements made by the Authority | — | — | — | 1 | 5 | — | — | 32 | — | 38 |
| Total (C) .. | 42 | 46 | 113 | 36 | 344 | 192 | 308 | 150 | 26 | 1,257 |
| D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944— | | | | | | | | | | |
| (i) in hospitals .. | — | — | — | — | 64 | 149 | — | — | — | 213 |
| (ii) elsewhere .. .. | — | — | 1 | 1 | 3 | 64 | 8 | 23 | 4 | 104 |
| E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition) | 6 | 8 | 13 | 15 | 106 | 52 | 743 | 33 | 8 | 984 |

Periodic inspections are carried out at regular intervals by the Assistant County Medical Officers at the five boarding special schools and two day special schools established by the Committee.

(*a*) *Schools for Educationally Subnormal Children.*

Dr. E. M. Molesworth reports as follows:—

*Hythe, Seabrook Lodge Boarding School for Boys.*

"There are now 97 pupils at this school, 28 juniors and 69 seniors. The age distribution, according to the year of birth, is now fairly even:—

| 1944 | 1943 | 1942 | 1941 | 1940 | 1939 | 1938 | 1937 |
|---|---|---|---|---|---|---|---|
| 4 | 9 | 8 | 16 | 13 | 17 | 14 | 16 |

During the year there were 17 new junior entrants, and 14 senior.

Of the 15 boys who left school during the year, 12 left on attaining the age of 16. Of these, 11 were recommended for supervision under Sec. 57(5). Eight of these boys have been placed in employment; the other four leave this term. One senior and one junior left after being reported as ineducable under Sec. 57(3). One junior made sufficient progress to be returned to a normal school.

Medical inspections, carried out each term, are of particular value in the case of backward children. They bring to light defects of ear and eye and posture which, uncorrected, add to the child's difficulties.

A great deal of effort has been devoted to the problem of nocturnal enuresis by the Headmaster. It is remarkable that in a school of this nature and size, there are only six persistent and eight intermittent bed-wetters, and that during the year three more boys established control.

There was an outbreak of chickenpox during the summer. Five cases occurred, all of whom were treated in the school.

Though there is a general tendency for mentally backward children to be physically backward as well, the records of height and weight show that the boys make good progress. The seniors showed an average gain of 2¼ in. in height and 1 stone 1 lb. in weight.

Mental testing is carried out from week to week, giving valuable insight into the mental possibilities of each child. A few are found, especially among the juniors, who are capable of rehabilitation, and return to normal school. At the other extreme a few are manifestly ineducable. It is found in practice that children near the borderline, ineducable, are as much out of the running with the average backward child as a backward child is at a normal school. It would appear that children on either side of this borderline could only be adequately dealt with in a special school of their own."

Dr. K. Gower Isaac reports:—

*Broomhill Bank Boarding School for Girls.*

"There are at present 57 girls in this residential school, from 11 years to leaving age. There were 8 new admissions this year. There were the following discharges:—

*Three girls* left at 16 years to take up paid work under supervision.

*Four girls* were discharged as ineducable: two girls to their own home, two girls to Leybourne Grange Colony.

*One girl* was discharged as too maladjusted to be kept in a school of this type—fire raising.

*One girl* was withdrawn as parents did not wish her to be away from home.

Every child had a full physical examination during the year, and in addition any girl complaining of minor illness or losing weight was brought up by the matron for inspection. Girls attending the general practitioner or clinics were seen at least once a term or oftener if it was felt that it was advisable. All illnesses requiring medical treatment were referred to the general practitioner.

30 girls attended the Dental Clinic,
12 girls ,, ,, Ophthalmic Clinic,
5 girls ,, ,, Orthopædic Clinic,

three of whom had a course of treatment. Five girls were admitted to hospital, one diabetic, one rheumatic fever, one ? arthritis, one penetrating wound, one girl for a plastic operation at East Grinstead Hospital. There were no serious outbreaks of infectious illness—minor infections only—and the general health was kept at a good standard, particularly as most of these girls are of poor physique.

It was endeavoured to give every girl an intelligence test after she had been admitted to the school, after approximately six months' teaching. Educational intelligence tests were also performed where progress was not being made or where there arose some query as to cause of inadequate or good attainment. So far no one has been found who could be transferred to a normal school.

Girls leaving the school for work or to their own home were placed under supervision in most cases.

The diet book was examined and some alterations suggested."

(*b*) *Schools for Delicate Children.*

Dr. C. H. Harper reports as follows:—

"(1) *Laleham School, Margate.*

The spring term opened on the 11th January with a roll of 104 children, 45 boys and 59 girls, one of whom was an out county child, the first to be admitted to this school. The summer term opened on the 25th April, when the roll was increased to 114, 51 boys and 63 girls, of whom 6 girls were out county, and the same number were admitted for the autumn term on the 12th September, the number

of out county girls being increased to 9. I am glad to be able to report that the number of 'dirty heads' found on admission was a reduction on the previous term, being 17 at the spring entry, 21 at the summer term and 25 at the autumn term, but I feel that the percentage is still too high and warrants careful inspection before the child leaves home.

The physical or mental ill health which caused the admission of the children to the school is shown in the following table:—

| | *Spring Term* | *Summer Term* | *Autumn Term* |
|---|---|---|---|
| Respiratory diseases, including Asthma | 28 | 40 | 49 |
| General Debility | 40 | 40 | 36 |
| Tuberculosis contacts | 21 | 25 | 31 |
| Nutritional sub-normal | 14 | 13 | 17 |
| Chorea and Psychological | 7 | 13 | 15 |
| Difficult home conditions | 36 | 35 | 33 |
| Post-Rheumatic and Cardiac | 6 | 1 | 10 |
| Orthopædic conditions | 3 | 2 | — |
| Miscellaneous (Nephritis, etc.) | — | — | 3 |

With few exceptions, the improvement in the health of the children was good, particularly in the asthmatic group. In the latter group, of 15 boys, 7 were much improved or symptom free during the first term, 4 were symptom free by the end of the second term, and 3 were persistent although improved after four terms, and 1 return case was symptom free during the first term as on a previous admission. Of 12 girls, 7 were symptomless in the first term, 1 persisted, although improved, in the first term, 1 girl was symptom free by the end of the second term, and 2 were persistent, although improved, after three terms. One girl who had severe asthma during the first term was almost symptom free by the fourth term.

The average weight and height gains are shown as follows:—

| | *Spring Term* | *Summer Term* | *Autumn Term* |
|---|---|---|---|
| *Average weight gain* | | | |
| Boys | 4·1 lb. | 3·5 lb. | 4·7 lb. |
| Girls | 6·3 lb. | 4·6 lb. | 6·8 lb. |
| *Average height gain* | | | |
| Boys | 0·42 in. | 0·6 in. | 0·5 in. |
| Girls | 0·5 in. | 0·56 in. | 0·46 in. |

Enuresis, mainly nocturnal, continued to be a troublesome symptom, varying between 12 and 18 cases during the year, of which about half were almost clear and a quarter persisted, on discharge. 47-74 children were seen by Mr. Wynne and received remedial exercises for orthopædic defects or asthma each term. 8-14 children were examined by Dr. Crawford, the Ophthalmologist, and 34-110 children received dental treatment each term. 27 children were treated by Dr. Sutcliffe in the sick bay during the year, and the minor ailments were attended to by Mrs. Punch and Mrs. McGregor. I examined the whole school at entry and before leaving, and once a month during the terms.

(2) *Gap House, Broadstairs.*

27 children attended the junior department of the special school in the spring and autumn terms, and 30 during the summer term. The conditions for which they were admitted are shown as follows:—

| | *Spring Term* | *Summer Term* | *Autumn Term* |
|---|---|---|---|
| Respiratory diseases, including Asthma | 17 | 21 | 24 |
| Tuberculosis contacts | 3 | 5 | 3 |
| Nutritional sub-normal | — | 2 | — |
| Psychological | 4 | 4 | 4 |
| Chorea and old Anterior Poliomyelitis | 2 | 2 | — |
| Cœliac and Fibrocystic disease | 2 | 2 | 2 |
| Orthopædic disease | 1 | — | — |

The children showed a definite improvement in health, including the asthmatics, with two exceptions, during their stay at the school, particularly during the summer term.

The average weight gains are shown in the following table:—

| | *Spring Term* | *Summer Term* | *Autumn Term* |
|---|---|---|---|
| *Average weight gain* | | | |
| Boys | 2·76 lb. | 2·0 lb. | 3·8 lb. |
| Girls | 2·66 lb. | 2·5 lb. | 3·1 lb. |

Enuresis, mainly nocturnal, occurred in a small proportion of the children, varying from 3 to 7 each term, of which 2 cleared up before leaving. 16-23 children were seen by Mr. Wynne and received remedial exercises for orthopædic defects or asthma each term. Dr. Crawford examined 8 children at the clinic and one child received orthoptic treatment during the year. The dentist examined 5-6 children each term and 6 received treatment. Dr. Clement made 20 visits for intercurrent illness during the year. I examined each child on entry and before leaving and once a month during the terms.

During the autumn term I gave one child a course of primary diphtheria immunisation and 15 children 'booster' doses."

Dr. M. E. Long reports:—

(3) *Tunbridge Wells, Rusthall Day Open Air School.*

"The Medical Officer has attended the school once a fortnight as a routine visit and on such other occasions as required.

Every child is examined on admission and thereafter a routine examination is carried out once a term.

The Health Visitor attends daily and provides facilities for the treatment of minor injuries and ailments and the dispensing of medicaments as provided by the family doctor combined with vitamins and iron therapy from the School Health Service.

The school roll for the three terms is illustrated by the following table:—

| | *Spring Term* | *Summer Term* | *Autumn Term* |
|---|---|---|---|
| Children on roll .. .. .. .. | 65 | 75 | 66 |

*Comparison of Age Groups, December,* 1951 *and December,* 1952.

| Age groups .. .. .. | 5-7 *years* | 8-11 *years* | *Over* 11 *years* | *Total* |
|---|---|---|---|---|
| No. Children, 1951 .. .. | 15 | 31 | 8 | 54 |
| No. Children, 1952 .. .. | 26 | 36 | 4 | 66 |

*Classification of Defects, December,* 1952.

| | *Lung Defects* | | *Heart* | *Orthopædic* | *Glandular Deficiency* | |
|---|---|---|---|---|---|---|
| *Delicate* | *Asthma* | *Other* | *Defects* | *Defects* | *Diabetic* | *Other* |
| 32 | 7 | 5 | 4 | 5 | 1 | 2 |

| *Epilepsy* | *Maladjusted* | *Partially sighted* | *Total* |
|---|---|---|---|
| 5 | 4 | 1 | 66 |

The tables again show as in last year's report that the majority of children are classified as delicate. This group includes those children who suffer from nutritional debility frequently from social causes, or following concurrent infectious fevers, and mild anæmic states. It can be noted, however, that in comparing the age groups with the figures for 1951 there has been a disproportionate but at the same time desirable increase in the 5-7 years group in contrast to the other groups in relation to the total increase. Of the 5 children displaying epilepsy, 4 of these are classified as Petit Mal and are controlled by treatment, never having manifested symptoms at school. The other child has had two major attacks recently at home preceded by a behaviour change at school, which was recognised as an epileptic equivalent for which he was transported home. This child is under consideration for admission to a Residential School for Epileptics.

The following table classifies the Intelligence Quotient Range available at the time of report:—

| I.Q. .. .. | *Over* 100 | 99-90 | 89-80 | 79-70 | 69-60 | 59-50 | *Below* 50 | *Total* |
|---|---|---|---|---|---|---|---|---|
| No. of Children .. | 10 | 2 | 16 | 10 | 5 | 2 | 0 | 45 |

During the year a group meeting of Assistant County Medical Officers was held at the school which proved most helpful in displaying the facilities and assessing the children most liable to benefit by admission from the area.

A report was submitted at the beginning of the autumn term on the heating arrangements in the dining room, and this is under consideration.

It is interesting to note that whereas there has been a widespread epidemic of measles and chicken-pox, whooping-cough and mumps in Tunbridge Wells for the past three months, there have only been isolated cases at the Open Air School. Perhaps this may be due in part to the following causes:—

(1) The accommodation relative to numbers compared with the conditions appertaining in other schools.

(2) The earlier diagnosis and isolation of children in the prodromal stage.

(3) A higher proportion of children in the school have already had successive infectious diseases as compared with an infants' school."

(*c*) *Boarding School for Physically Handicapped Children, Valence, Westerham.*

Dr. G. Stableforth reports:—

"The number of children in the school has steadily increased. In December the roll was 63; since January, 1952, 31 cases have been admitted and 2 cases discharged. The aim is to make the school one for 'long term' cases and not to admit children requiring only a 'short stay'—so it has been understood —and this object has been kept in mind when examining children for admission. In a school of this type, catering for physically handicapped children, it has been necessary to make structural alterations, as previously reported; many of these have been completed and others are in the process of completion at the present time. In addition, new apparatus such as walking aids, tricycles, etc., have been acquired and these are all keenly appreciated by the children who are given thereby greater mobility.

The physiotherapy department has been equipped and is working in full swing. Since January we have had the services of the visiting Orthopædic Surgeon, Mr. Mayer, and of Miss Ashley, the Physiotherapist. Miss Ashley attends regularly several days a week.

Miss Formby, the Speech Therapist, gives treatment to those children requiring the help of a speech therapist.

As is to be expected with physically handicapped children particularly, attendance at hospital, either for admission as in-patients or to the out-patient departments, has been necessary; some requiring operative treatment, major or minor, others for special investigations and tests which could only be done satisfactorily in a hospital. During the year 20 children received in-patient treatment and 17 children received out-patient treatment; 6 children have attended the ophthalmic clinics.

The types of defects from which the children suffer are very varied, and it is in a school such as Valence that one finds cases presenting unusual forms of defect. Two such cases have been admitted during the year, suffering from a rare condition of which it is said that about fifty instances have been recorded in the medical literature. To watch all the children working happily in the classrooms or at their play, showing much courage and many of them great determination to overcome their disabilities, would serve as an inspiration to many older people.

I append a list of the types of cases in the school, some of the children having more than one defect.

1. *Neurological cases*
   - (*a*) Cerebral palsies .. .. .. .. .. .. 20
   - (*b*) Spinal cord lesions .. .. .. .. .. .. 4
   - (*c*) Heredo-Familial ataxias .. .. .. .. .. 3
   - (*d*) Muscular dystrophies and deficiencies .. .. .. 7
   - (*e*) Post-Anterior Poliomyelitis .. .. .. .. .. 6
2. *Heart cases*
   - Valvular heart disease 5 } .. .. .. .. .. 10
   - Congenital heart diseases 5 }
3. Bone diseases and deformities .. .. .. .. .. .. 12
4. Blood diseases .. .. .. .. .. .. .. .. 1
5. Partial deafness plus other defect .. .. .. .. .. 2
6. Focal epilepsies .. .. .. .. .. .. .. .. 3"

General Condition of the Pupils.

The general condition of the pupils continues to show signs of improvement, but, as I pointed out in my report for 1951, it must be borne in mind that the categories given in the table below are necessarily of an arbitrary nature, but it can be assumed that the findings for the years 1948 to 1952 are comparable.

Children examined at the routine medical inspections were classified with regard to their general condition as follows:—

Table 2

| Year | Number of children examined | A (Good) | | B (Fair) | | C (Poor) | |
|---|---|---|---|---|---|---|---|
| | | No. | % | No. | % | No. | % |
| 1952 | 87,588 | 37,124 | 42·4 | 46,858 | 53·5 | 3,606 | 4·1 |
| 1951 | 80,217 | 33,992 | 42·4 | 42,629 | 53·1 | 3,596 | 4·5 |
| 1950 | 76,657 | 29,521 | 38·5 | 42,168 | 55·0 | 4,968 | 6·5 |
| 1949 | 68,012 | 21,594 | 31·8 | 41,421 | 60·9 | 4,997 | 7·3 |
| 1948 | 72,492 | 21,188 | 29·2 | 44,608 | 61·6 | 6,696 | 9·2 |

The School Meals Service.

The County Education Officer reports as follows:—

"Reference to the School Meals Service was last made in the Report for 1946. Since then the Service has continued to develop, although the extent and speed of expansion have been hindered by financial and other restrictions. The limited resources available have been used to spread the benefits of the Service as widely as possible, as the following table shows:—

Table 3

| October, 1946 | | | October, 1952 | | |
|---|---|---|---|---|---|
| No. of School Departments | No. of School Departments at which Service was established | No. of School Departments remaining unserved | No. of School Departments | No. of School Departments at which Service was established | No. of School Departments remaining unserved |
| 827 | 624 | 203 | 858 | 837 | 21 |

Further comparative statistics are given in the following table:—

TABLE 4

| | No. of pupils on roll | | Average number of dinners served daily to pupils | | Percentage of pupils on roll served | |
|---|---|---|---|---|---|---|
| | October, 1946 | October, 1952 | October, 1946 | October, 1952 | October, 1946 | October, 1952 |
| Primary Schools .. .. | 108,553 | 132,590 | 40,961 | 67,095 | 37·8 | 50·6 |
| Secondary Schools .. | 56,301 | 76,786 | 31,352 | 48,941 | 55·6 | 63·7 |
| Total .. .. .. | 164,854 | 209,376 | 72,313 | 116,036 | 43·9 | 55·4 |

Dinners are supplied free of charge in accordance with the Committee's approved income scales. The number of dinners supplied free of charge in October, 1946, was 12,290 and in October, 1952, 7,489.

So far as limits of costs will allow, the dietary for dinners is suitably varied and planned so that nutritionally-balanced meals are provided. The provision of adequate body-building and protective foods particularly claims the close attention of the officers concerned in the supervision of the Service.

*Milk in Schools Scheme.*

From the 6th August, 1946, it has been permissible to supply milk free of charge to all pupils in grant-aided schools, including special schools, in accordance with the Ministry of Education's revised Milk in Schools Scheme. Subject to certain limited exceptions not more than one-third pint of milk may be supplied daily to each child who requires it.

The average number of children supplied with milk daily in October, 1946, was 143,495 or 87·0 per cent. of the number then on the roll. The corresponding figures for October, 1952, were 164,098 or 78·4 per cent. of the number on the roll."

FINDINGS AT MEDICAL INSPECTIONS.

Table 13 on page 27 shows the principal defects revealed by medical inspections.

MEDICAL TREATMENT.

Table 15 on pages 29, 30, 31, gives details of the amount of treatment given during the year, but the figures relating to treatment provided otherwise than by the Committee are incomplete, as information concerning treatment given at hospitals is still not being made available for the whole of the administrative area.

(*a*) *Minor Ailments.*—There has been a falling-off in the number of children availing themselves of the facilities at the minor ailment clinics, and it must be assumed that parents are consulting the medical practitioners with whom the children are registered under Part IV of the National Health Service Act.

| *Year* | *No. of defects treated at the minor ailment clinics by the health visitors under the supervision of the clinic medical officer* |
|---|---|
| 1952 .. .. .. .. .. .. .. .. | 24,704 |
| 1951 .. .. .. .. .. .. .. .. | 26,507 |
| 1950 .. .. .. .. .. .. .. .. | 29,238 |
| 1949 .. .. .. .. .. .. .. .. | 33,658 |

(*b*) *Cleanliness Inspections and Verminous Conditions.*—These conditions continue to make heavy demands on the time of the health visitors, but the table given below shows that there is some improvement on the figures for the past six years.

TABLE 5

(*Primary and Secondary Schools.*)

| Year | No. of pupils on the roll of Primary and Secondary Schools visited | Total number of examinations of pupils | Number of individual pupils found unclean |
|---|---|---|---|
| 1952 | 184,919 | 496,871 | 3,491 |
| 1951 | — | 471,494 | 3,171 |
| 1950 | — | 467,144 | 5,344 |
| 1949 | — | 445,060 | 7,046 |
| 1948 | — | 439,773 | 7,909 |
| 1947 | — | 406,313 | 7,931 |

As from the beginning of the year it was decided that if at three consecutive examinations held during the spring, summer and autumn terms no pupils were found to be unclean at any particular secondary school, there should not be a further cleanliness inspection at the school for twelve months, unless the Head of the school requested that the health visitor should visit.

Cleanliness inspections are also carried out at grammar and technical schools by request. The health visitors visited 9 schools with a roll of 6,746, carried out 4,781 examinations of pupils and found 13 individual pupils unclean.

(*c*) *Eye Diseases, Defective Vision and Squint.*—The number of children examined by the Ophthalmologists was 17,705, the corresponding figure for the previous year being 16,613. Spectacles were prescribed for 6,512 pupils and 6,298 pairs of spectacles were supplied through the Kent and Canterbury Executive Council.

The Assistant County Medical Officers reported that 102 pupils tested by the "Ishihara" colour vision plates were found to have a defect of colour vision. 86 of these pupils were examined by the Ophthalmologists by means of a "lantern test" to obtain more exact information as to the degree of colour blindness, and 52 were found to have such a degree of defect as to render them unsuitable for future employment in occupations where a full range of colour vision is essential.

The health visitors continued to test the vision of children aged seven years, and 7,347 children were so examined. Of these, 454 were referred to Assistant County Medical Officers for further examination.

(*d*) *Nose or Throat Defects.*—During the year the Assistant County Medical Officers recommended that 2,234 children required treatment for nose or throat defects, and these recommendations were referred to the general practitioner concerned. Information has been received concerning 3,217 pupils who received operative treatment during the year.

(*e*) *Orthopædic and Crippling Defects.*—The orthopædic scheme is administered by the Health Committee of the County Council. In 1952 there were 33,341 attendances at these clinics compared with 38,408 attendances during 1951. Of the former figure, 84 per cent. were children in attendance at maintained schools.

The following table gives particulars of the number of new patients during the year and the total number of attendances:—

| *Clinics* | *New Patients of School Age* | *Total Number of Attendances of Children of School Age* |
|---|---|---|
| Ashford | 15 | 713 |
| Beckenham | 112 | 4,629 |
| Bexleyheath | 33 | 1,006 |
| Bromley | 87 | 2,428 |
| Erith | 92 | 2,651 |
| Hawes Down | 37 | 1,356 |
| Margate | 26 | 2,213 |
| Ramsgate | 41 | 3,524 |
| Sevenoaks | 37 | 3,328 |
| Sittingbourne | 2 | 822 |
| Tenterden | 30 | 809 |
| Tunbridge Wells | 45 | 2,627 |
| Welling | 95 | 1,911 |
| Totals | 652 | 28,017 |

In addition, an Orthopædic Surgeon made regular visits to Laleham House and Valence Special Schools.

(*f*) *Minor Diseases of the Ear and Eye.*—The arrangements for the treatment of minor ear or eye defects continue as in previous years.

(*g*) *Child Guidance.*—Dr. A. Maberly reports:—

"The year 1952 has been one of consolidation and clinics have been working to capacity and, while some variation from one to another largely reflects staff changes, the figures for the County as a whole show little change.

New cases referred, 1,188, have fallen slightly, as have new cases diagnosed at 1,017, but more time has been devoted to treatment, and the total number of interviews, 15,855, attains a new record level.

The waiting list for diagnostic examination at 246, is again down slightly, although it is still undesirably long at one or two clinics where staff shortages remain acute.

248 cases have been referred for examination and report by Juvenile Courts and some of these were subsequently taken over for treatment.

It is encouraging that more cases are being referred by general medical practitioners and hospital staffs as well as by teachers, probation officers and parents. The Child Guidance Service is available for consultation and advice for all those who are directly or indirectly concerned with the prevention and cure of behaviour difficulties and maladjustments of children."

The following table shows the number of patients dealt with during the year:—

TABLE 6

| Clinic | No. of pupils referred | No. of Patients Diagnosed | Total Number of Interviews | Number Discharged | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Consultation only | Condition unchanged | Condition improved | Non-co-operative | Transferred to other Authority |
| Canterbury .. | 186 | 159 | 2,699 | 45 | 14 | 60 | 10 | 19 |
| Chatham .. .. | 159 | 105 | 1,822 | 29 | — | 32 | 7 | 3 |
| Chislehurst .. | 121 | 74 | 1,774 | 28 | — | 15 | 5 | 4 |
| Crayford .. .. | 189 | 188 | 3,328 | 54 | 4 | 144 | 27 | 19 |
| Maidstone .. .. | 323 | 291 | 4,800 | 171 | 2 | 68 | 31 | 16 |
| Tonbridge .. .. | 210 | 200 | 1,432 | 140 | 4 | 25 | 11 | 3 |
| Total .. .. | 1,188 | 1,017 | 15,855 | 467 | 24 | 344 | 91 | 64 |

Total Attendances of Children, 10,711.

(*h*) *Speech Defects.*—Miss J. Pollitt, Chief Speech Therapist, has reported as follows:—

"The department has dealt with the records of 1,449 patients during 1952. It has been possible to close 479 of these cases; 404 cases will continue under Speech Therapists into 1953 and 566 cases are on the waiting lists for appointments.

The figures given in Tables 7 and 8 include children in residence at Valence School for Physically Handicapped Children and Seabrook Lodge School for Educationally Subnormal Boys. A therapist continues to visit the former each week; the latter is visited periodically, a procedure which is proving to be well worth while.

Close contact has been maintained with teachers in schools and with other staff of the Education Committee and School Health Service.

The link between the County Speech Therapy Service and the Regional Hospital Board has developed into a mutual one whereby consultants working in hospitals under the latter have referred child, adolescent and adult patients to the Speech Therapy Clinics and whereby the speech therapists have been able to consult specialists in the hospitals in regard to specific cases not previously seen by hospital consultants. Audiometric tests, neurological examinations, consultation with ear, nose and throat consultants, plastic surgeons, pædiatricians and orthodontists have been arranged where necessary. A further valuable service has been that of confirmation in regard to therapists' mental assessment findings by Assistant County Medical Officers and Psychologists. Consultation with members of Child Guidance Clinic staffs has also taken place.

The seconding of myself for one session per week to the Kent and Canterbury Hospital, Canterbury, has continued. This principle has been extended into the Dartford area. Negotiations, now completed, will make it possible for a therapist to be available for one session per week to the Dartford Hospital Management Committee as from January, 1953.

Students from the Oldrey-Fleming and Kingdom-Ward Speech Therapy Training Schools have received practical experience and training in clinical practice during the year at the Gravesend and Bexleyheath clinics.

One therapist was granted leave of absence during 1952 to undertake a post-graduate course relating to work with patients suffering from cerebral palsy. As an outcome of this, arrangements have been made to open an experimental clinic for one session per week, commencing January, 1953, specifically for the treatment of cerebral palsy patients.

Therapists were granted leave of absence to attend the National Conference of the College of Speech Therapists held in Oxford during Easter, 1952. At the invitation of the Conference Committee I gave a paper on the question of innate intelligence, maturation and speech development.

The practice of holding biennial meetings between all therapists in the County has continued; prior to the April meeting, therapists reported on specific cases who presented particular problems, and these cases were discussed at the meeting. At the October meeting, Mrs. Rant spoke on the course which she had undertaken in regard to the treatment of cerebral palsy patients; a parent and child attended for purposes of demonstration.

Therapists have had facilities for attending with their patients for consultation with specialists at hospitals in Kent and London. A number of therapists availed themselves of the opportunity to attend the X-ray film and lecture-demonstration relating to laryngectomised patients, held at University College Hospital, London, during the summer.

Teachers and health visitors in training, and a doctor studying for his Diploma in Child Health, have visited the clinics.

Two changes of staff have occurred during the year. Miss Jordan and Miss Corner resigned upon marriage and their clinics have been taken over by Miss Dodson and Miss Montgomery. Miss Beaumont was appointed to be in charge of the full-time clinic which was opened in Canterbury in November, 1952.

Diagnosis in relation to the abnormality of those cases under therapists during 1952 (including those who remain in contact with therapists into 1953) was as follows:—

TABLE 7

| | | | |
|---|---|---|---|
| Stammer | | 202 | Including 5 with the additional handicap of innately poor mental calibre. |
| Little attempt at expression through speech, although muscular co-ordination, hearing and speech mechanism normal; together with cases of dyslalia, ranging from unintelligible speech to comparatively slight articulation defects unassociated with hearing loss or organic defect | | 265 | The slow speech development of 42 of these cases was related to slow maturation natural to the child in view of innately poor mental calibre. |
| Speech defects of dual nature (stammer+dyslalia, dyslalia+lateral sigmatism, etc.) | | 54 | Including 2 with the additional handicap of innately poor mental calibre. |
| Lateral, nasal or interdental sigmatism or a combination of these | | 53 | |
| Hyper-rhinophonia due to cleft palate | 47 | 67 | Including 4 with the additional handicap of innately poor mental calibre. |
| Due to causes other than cleft palate | 20 | | |
| Distortion, or loss, of speech of neurological origin | | 25 | Including 2 with the additional handicap of innately poor mental calibre. |
| Speech defects associated with hearing loss | | 18 | Including 1 with the additional handicap of innately poor mental calibre. |
| Loss of speech following total laryngectomy | | 5 | |
| Speech abnormality due to organic defects not included in the above | | 4 | |
| Dysphonia | | 5 | |
| Hypo-rhinophonia | | 2 | |
| Retarded speech development associated with considerable innate mental retardation—not included above | | 21 | |
| Tongue thrusting causing dental malformation—no speech abnormality | | 5 | |
| Investigation incomplete | | 20 | |
| | | 746 | |

An analysis of the 479 cases closed during the year is shown below:—

TABLE 8

| | |
|---|---|
| Very satisfactory results | 227 |
| Treatment incomplete, owing to family leaving the district or for other causes | 73 |
| Little, if any, change in the condition | 4 |
| Attendance discontinued in favour of training or treatment elsewhere | 18 |
| Consultation only, followed by appropriate recommendations | 14 |
| Investigation incomplete, as parents proved unco-operative | 7 |
| Found to be improved when first seen by therapist, or reported by doctor, parent and/or teacher to have improved prior to appointment being kept | 54 |
| Treatment arranged elsewhere prior to appointments being offered | 6 |
| Appointments offered never kept; either no reason was given or prolonged hospitalisation, illness, etc., made attendance impossible | 57* |
| Left district or started work prior to appointments being offered | 19 |
| | 479 |

* This number includes 34 cases who did not keep appointments offered when the Canterbury clinic was opened. This clinic had been in abeyance for three years and many cases on the waiting list had been awaiting appointments even longer than that; it was, therefore, not surprising that a greater number of cases than usual did not respond when appointments were eventually offered.

The following table shows the number of sessions being given by therapists at the sixteen clinics and at the special schools in the County, together with the waiting lists at each of the clinics on the 31st December, 1952.

TABLE 9

| Clinic | Sessions per week | Number on waiting list |
|---|---|---|
| Ashford | 3 | 13 |
| Beckenham | 6 | 28 |
| Bexleyheath | 2 | 94 |
| Bromley | 1 | 63 |
| Canterbury | 10 | 15 |
| Chatham | 6 | 101 |
| Chislehurst | 2 | 82 |
| Crayford | 8 | 37 |
| Deal | 4 | Nil |
| Folkestone | 6 | 11 |
| Gravesend | 2 | 38 |
| Maidstone General Clinic | 6 | 32 |
| ,, "Special Cases"* | 4 | 1 |
| Margate | 10 | 19 |
| Tonbridge | 2 | 10 |
| Tunbridge Wells | 2 | 13 |
| West Wickham | 1 | 9 |
| Valence School | 2 | Nil |
| 16 Clinics and 2 Special Schools | 77 | 566 |

* These four sessions are taken by me; those attending are mainly cases referred to me by therapists from various parts of the County. The periodic visits to Seabrook Lodge School are undertaken by me."

(*i*) *Dental Defects.*—Mr. F. J. Saunders, Senior Dental Officer, reports as follows:—

"During the year, two whole-time officers, including the dental surgeon for orthodontics, left the service. As a result of advertisements in the *British Dental Journal* and Press twelve whole-time and two part-time applications were received. Of the whole-time applicants seven accepted appointments, five commenced duty towards the end of the year and two will begin duty early in the new year. Owing to geographical difficulties, only two of the part-time applicants accepted work amounting to eight half-day sessions each week. The orthodontic dental surgeon was replaced by promotion from the staff. The position on the 31st December was that thirty-two whole-time and eight part-time dental surgeons, not including the senior officer and orthodontic dental surgeon, were on the staff. During the year, the equivalent of 2¼ whole-time officers devoted 1,224 half-day sessions to the care of mothers and young children under Part III of the National Health Service Act, 1946, leaving the equivalent of 32¾ for school health service work. On this basis, the allocation of children to each dentist was reduced from an average of 7,010 in 1951 to one of 6,204, the largest proportion, 10,592, being in the Faversham, Sheerness and Sittingbourne area and the lowest, 4,125, in Dartford.

It is to be hoped that as more dental practitioners working under the National Health Service now undertake treatment for school children, fewer applications for inspection and treatment will be received at the clinics and, as a result, the school dental surgeons will be able to devote more time to the inspection of children at school. Of approximately 209,400 children on the school roll, 68,246 (32·5 per cent.) had a routine inspection. In addition, there were 12,081 special applications, making a total of 80,327 children inspected, which is 38·3 per cent. of the school population, compared with 36·8 per cent. in the previous year; 40,255 children actually received treatment and 38,781 completed it.

The oral hygienist engaged on the work of scalings, cleaning and polishing of teeth under the supervision of the dental surgeons at Gravesend, Orpington, Sidcup, Welling and Chatham left the service in June and was not replaced until September. During the year 642 new patients under 16 years of age attended the clinics for treatment compared with 806 in the previous year.

The following table shows the amount of work done and time spent on oral hygiene instruction for children under 16 years of age:—

| | |
|---|---|
| Number of sessions worked | 321 |
| ,, ,, new patients treated | 642 |
| ,, ,, patients whose treatment was completed | 602 |
| ,, ,, scalings and polishing | 1,304 |
| Time spent in individual dental health education | 189 hours |

The three mobile dental caravans are now in service and a further development of this type of facility for the inspection and treatment of children by the provision of a fourth caravan would be sufficient to meet the present needs of some 16,000 children attending rural district schools. No. 1 caravan was out of service for overhaul and repainting for a period of two months, No. 2 was out of commission for three months owing to the prolonged illness of the dental surgeon, and in October No. 3 was assigned to work in the rural districts of Bridge-Blean, Eastry, Elham, Dover, East Ashford and parts of Ashford Urban District.

Orthodontic treatment for irregularities and malocclusion of teeth now under the control of Mr. G. H. Roberts was brought to a higher degree of perfection by the use of fixed appliances which cannot be removed at the discretion of the patient in the same way as a movable appliance. The major difficulty in the manufacture of orthodontic appliances is that the dental workshop accommodation in Maidstone means that the appointment of more dental surgeons creates more work than the technicians can deal with in the space available. In order that the workshops in Dover and Maidstone could devote as much time as possible to the manufacture of orthodontic appliances, more denture work for expectant and nursing mothers was transferred to outside firms. At the end of the year there was sufficient orthodontic work in the Council's workshops to keep the staff of six technicians engaged for six to eight weeks, and the result of such a long delay often means that an appliance has to be remade.

Details of the number of patients examined by the orthodontic dental surgeon and the number of appliances made in the County workshops are:—

Table 10

| No. examined by Orthodontist | No. requiring appliance | No. completely treated | Total No. of attendances |
|---|---|---|---|
| 3,127 | 888 | 541 | 10,074 |

Table 11

| Orthodontic Appliances Fitted | | | | | Other Appliances Fitted | | |
|---|---|---|---|---|---|---|---|
| Upper | Lower | Oral Screens | Remakes | Repairs | Dentures | Remakes | Repairs |
| 1,042 | 106 | 180 | 18 | 45 | 360 | 10 | 44 |

169 patients requiring X-ray were referred to the nearest hospital. 796 of the permanent teeth extracted as recorded in Table 16 on page 32 were for regulation purposes. 14 more dentures were made for children than in 1951.

Owing to the need for economy, it was decided that the post-graduate course for dental officers should be discontinued for the time being, but it is hoped that the Committee will be able to make arrangements for the staff to attend a course of lectures and demonstrations at the Institute of Dental Surgery, Eastman Dental Hospital, in 1954.

Of the proposals submitted to the Education Committee for alternative accommodation in Canterbury, Cranbrook, Dartford, Sandwich, Penge and Walmer, and for a new clinic at Murchison Avenue, Bexley, and improvements to the premises in Bromley, Erith and Rochester, it had only been possible to complete the work at Canterbury and Walmer. The work on the air-raid shelter at Cranbrook County Secondary School and improvements to the premises in Erith will be finished early in the new year. In addition to these schemes the Health Committee has under consideration improvements to the premises now used for dental work in Ramsgate, and new premises in Maidstone and St. Paul's Cray where it has not been possible for this work to be undertaken because of general building difficulties. Owing to the shortage of dental staff existing clinic accommodation has not been used to the fullest extent, but a survey recently made shows that the existing clinic accommodation would only permit the effective use of a total staff of 41 whole-time officers. If experience showed that more staff could be recruited than this number then they could not be employed until additional accommodation became available.

Of the 58 surgeries established in 52 permanent buildings, 54 have been in use during the year compared with 53 in 1951. In addition, treatment was made available either in schools or halls in 28 rural districts by using temporary equipment. Patients requiring nitrous oxide anæsthesia for the removal of teeth had to be referred to the nearest permanent clinic.

Figures recorded in Table 16, page 32, include every child found to be in need of treatment at the time of inspection. To meet the requirements of the Ministry of Education the figures recorded in the annual report for 1953 will show the number of children found to be in need of treatment and the number referred for treatment at the time of inspection. Other operations include scalings, cleaning and polishing of teeth and fillings, permanent and temporary dressings, silver nitrate treatments, root canal dressings, acrylic caps and inlays, crowns and impressions, bites, try-ins, appliances fitted and repaired and adjustments for orthodontic patients and other children fitted with dentures. Orthodontic attendances at the rate of 10 per session utilised the time of approximately 1·9 whole-time officers. The ratio of fillings to permanent teeth extracted—2·7 to 1, compared with 4·32 to 1 in 1948, 3·41 to 1 in 1949, 3·91 to 1 in 1950, 4·05 to 1 in 1951—shows that the condition of the permanent dentition of children resulting from the shortage of staff has worsened each year since 1948.

The figures below show the work undertaken during the year compared with the amount done in the previous year:—

| | 1951 | 1952 |
|---|---|---|
| Staff available in terms of full-time officers .. .. .. | 27¾ | 32¾ |
| Inspection sessions .. .. .. .. .. .. | 501 | 585 |
| Treatment sessions .. .. .. .. .. .. | 12,351 | 12,870 |
| Inspected (including specials) .. .. .. .. .. | 73,511 | 80,327 |
| Referred for treatment .. .. .. .. .. .. | 46,172 | 44,516 |
| Actually treated .. .. .. .. .. .. | 39,848 | 40,255 |
| Attendances made by pupils for treatment .. .. .. | 108,204 | 115,218 |
| Permanent teeth extracted .. .. .. .. .. | 8,913 | 13,288 |
| Temporary teeth extracted .. .. .. .. .. | 52,579 | 54,783 |
| Fillings inserted in permanent teeth .. .. .. .. | 36,166 | 36,886 |
| Fillings inserted in temporary teeth .. .. .. .. | 9,058 | 10,436 |
| Number of children examined by dental surgeon for orthodontic services .. .. .. .. .. .. | 2,981 | 3,127 |
| Referred for appliances .. .. .. .. .. | 526 | 888 |
| Appliances fitted .. .. .. .. .. .. | 802 | 1,328 |
| Denture appliances fitted .. .. .. .. .. | 346 | 360 |
| General anæsthetics .. .. .. .. .. .. | 16,632 | 18,148 |
| Ratio of permanent teeth filled to permanent teeth extracted | 4·05 | 2·7 |
| Permanent clinics .. .. .. .. .. .. | 53 | 52 " |

PHYSICAL EDUCATION.

In previous issues of the Annual Report of the School Medical Officer it has been customary to include a chapter concerning physical education, and the County Education Officer has kindly supplied the undermentioned report:—

"As with other branches of education during the war, physical education suffered a setback too drastic for recovery to be speedy, and it was realised that years must elapse before the supply of staff, physical training clothing, playgrounds, playing fields, indoor accommodation and apparatus would be fully adequate to the needs.

The system of part-time advisers of physical education (an early war casualty) was modified in 1948 in favour of some full-time appointments with part-time assistants.

A great deal has been accomplished in the last few years, and one of the most notable features of the period has been the developing tendency to challenge some of the long-standing established methods and a desire to discover whether more effective ones could be substituted.

Experimental work has been carried out in all types of schools, but interest has been chiefly focused on making greater use in the primary schools of the larger body movements in physical education with a view to replacing unnecessary tenseness during exercise by ease of movement and a skilful application of muscular effort. This approach was regarded as physiologically sound in that it provided more natural, active and purposeful movement, and fell into line with the normal evolution of skill in work and play, and it was justified on educational grounds since the methods employed encouraged the fullest contribution from the child himself towards his physical education.

In boys' secondary schools schemes have been introduced to broaden the conception of physical education, and to ensure that some non-gymnastic activities popular in boys' post-school life are given adequate attention.

Although gymnastics remain the primary means of physical training, it is now increasingly accepted that the major games and sports should be taught with the precision traditionally accorded to gymnastics.

These changing emphases have necessitated the running of many refresher training courses for teachers. The courses have varied from the residential ones of two weeks' duration (normally held at the K.E.C.'s Summer School) to one-day demonstrations, but most have been of the sessional type, one evening a week for several weeks, and repeated in several convenient centres.

At the primary level, courses have been held in Infant Method, "Music and Movement", Dancing, Games Training for Juniors, and Physical Training.

For teachers in secondary schools the courses, except for the comprehensive Summer School ones, have been mostly devoted to the various games and sports. The following activities have all received some attention:—Swimming, Dancing (Modern and National), Athletics, Tennis, Hockey, Rounders, Netball, Football, Cricket, Boxing, Basket Ball, Camping. Several of these courses were run in co-operation with the County Associations of the National Governing Bodies of Sport.

*Remedial Work.*

Although school schemes of physical education have always included movements designed to assist normal development of the body and correct tendencies to defective posture, flat foot, and a reduced range of movements in joints, they inevitably give insufficient help to children in whom these defects are established or imminent. But, as successful treatment calls for small groups, more frequent and specialised lessons, and further training for the teachers in observing and using movement, a conference was arranged between the Assistant County Medical Officers and the Physical Education Advisers. Following this meeting two week-end training courses have been held for physical education teachers in secondary schools as a result of which in many schools minor physical defects are being dealt with by the teacher after consultation with the School Medical Officer.

This scheme has the advantage of stopping minor defects from developing into postural defects; relieving the pressure at clinics which can, therefore, find more time for the serious cases, and saving the time spent in travelling to clinics.

*Physical Training Clothing.*

The decision of the Committee to cease to make any provision for the supply of physical training clothing and footwear produced difficulties in schools where the children could not or were reluctant to provide their own. This was especially so where certain types of clambering apparatus had been provided in recent years and where suitable footwear is essential to safety. In fully equipped gymnasia, too, difficulty arises inasmuch as children unsuitably clad cannot be allowed to use apparatus, and the uneven provision of suitable clothing by the children often provides the physical education teacher with problems of segregation and selection.

*Swimming and School Games.*

Some limitation, too, was unfortunately necessary in swimming schemes in the County, whilst the reduction of standards of maintenance of playing fields also was reflected in the playing standards of school games.

In primary schools where the hall, previously used during inclement weather for physical education, has had to do service as a classroom because of the increased attendance, the standard of work has inevitably fallen. In spite of this reduction of provision in what have hitherto been considered as essentials, there is no evidence to show that the children's health has suffered as a result, though it would be true to say that the task of the teacher has been made more difficult."

## Employment of Children.

Arrangements were made for the Assistant County Medical Officers to examine children during the first half hour of each opening of the minor ailment clinics and child welfare centres. During the period 2,162 children were examined, and certificates were refused in 13 cases.

## Accommodation Provided under Section 28 of the National Health Service Act, 1946.

Under the provisions of Section 28 of the National Health Service Act, 1946, the County Council provides accommodation in suitable recuperative homes for persons requiring a period of recuperation which cannot be provided adequately in their own homes. This includes provision for school children and during the year under review 42 children were admitted.

## Diphtheria Immunisation.

The County Council arrange for immunisation facilities to be available for children of school age, special sessions being held at the Committee's school clinics and, if appropriate, on school premises. Reinforcing injections are given at appropriate stages throughout the period of school life. The following table shows the extent to which Diphtheria Immunisation has been carried out in the County during the year 1952:—

| Primary Injections Number of children between 5 and 15 years | Secondary or re-inforcing injections |
|---|---|
| 2,105 | 15,942 |

## Work of Voluntary Bodies.

The following table shows the amount of work undertaken by the National Society for the Prevention of Cruelty to Children during the year:—

| *Branch* | *No. of children* | *Visits made* |
|---|---|---|
| Ashford | 24 | 37 |
| Bromley | 28 | 186 |
| Canterbury | 42 | 38 |
| Gravesend, Medway and Swale | 52 | 189 |
| Hastings | 2 | 8 |
| Isle of Thanet | 26 | 46 |
| Maidstone | 7 | 21 |
| North Kent | 15 | 49 |
| South-East Kent | 37 | 116 |
| Sydenham | 2 | 17 |
| West Kent | 6 | 14 |
| Totals | 241 | 721 |

## SPECIAL ARRANGEMENTS FOR STAFF MEDICAL AND X-RAY EXAMINATIONS

### A. Protection of School Children against Tuberculosis.

Ministry of Health Circular 248 directed attention to the recommendations of the Joint Tuberculosis Council regarding the protection of organised groups of children against the risk of infection by adults suffering from tuberculosis. In this connexion, all persons taking up employment in the County who will be subject to the Council's superannuation scheme are required to submit a health declaration and to undergo an X-ray examination, and these arrangements are now being extended to other groups of workers referred to in the circular.

The regulations regarding suspension from employment of teachers found to be suffering from tuberculosis have been modified so as to require certificates at more frequent intervals and over longer periods, and stipulate that such certificates must be based on an X-ray and bacteriological examination as well as on a clinical investigation. Similar precautions will be taken with regard to all other employees whose work in the education service brings them into close contact with children.

### B. Medical Examination of Entrants to the Teaching Profession.

Circular 249 issued by the Ministry of Education revised the procedure of medical examination for

(*a*) candidates applying for entry to training colleges for the purpose of satisfying the college authorities of their fitness to follow a course of teacher training,

(*b*) entrants to the teaching profession.

In general, the revised arrangements are intended to provide that these medical examinations shall be undertaken by medical officers who are closely in touch with schools and the conditions under which students in training and teachers have to work, and that they should be free of cost to the candidate.

Under (*a*) the applicants who are school pupils will be examined by the Assistant County Medical Officer of the area where they live, who will have been concerned with, or have access to, the records of the candidate's medical examinations at school. Applicants after National Service or after a University or other course in education under the Training of Teachers regulations, or mature entrants who have had no recent connexion with the School Health Service, will be examined by the Assistant County Medical Officer of the area in which the candidate is resident. All candidates are supplied with a form 4 R.T.C. from the college, with instructions to apply to the Local Education Authority for examination, and appropriate arrangements are then made. The previous arrangements whereby such candidates were examined by the college medical officer are now cancelled, and in future no candidate will be examined for this purpose by a college medical officer or a Treasury medical officer.

With regard to category (*b*) referred to above, the revised arrangements provide that intending entrants to the teaching profession, on completion of an approved course of training, will be examined, as at present, by the college medical officer. Other entrants to this service will be examined by a member of the medical staff of the School Medical Officer of the appointing Local Education Authority, and in this connexion form 28 R.Q. is completed.

An X-ray examination of the chest is required as an essential part of the medical examination, and in this connexion it is advisable that every advantage should be taken of mass radiography examination. Where this has not been possible, arrangements are made for X-ray examination to be carried out at the County Hall, Maidstone.

### C. Teachers Appointed to County Staff.

The arrangements under which teachers submit a health declaration to the County Medical Officer before confirmation of appointment, and who have a subsequent X-ray examination of the chest, continue to apply to all other teachers previously included in the scheme and have been extended to include full-time occasional teachers, regular part-time teachers, and certain sessional teachers. The health declaration is completed by the teacher as soon as the offer of appointment is made, and posted by the teacher to the County Medical Officer, who arranges for an X-ray examination to be conducted at the earliest opportunity. When inviting attendance for this purpose, it is pointed out that, if recent X-ray examination has been carried out, e.g. mass radiography examination, it will be sufficient if a report of the examination is sent, but documentary evidence of this must be submitted.

These revised arrangements have entailed a considerable amount of additional work in the Health Department, and as a matter of interest I set out below some details of the medical and X-ray examinations carried out during the year:—

| | *Number of Medical Examinations* | *Number of X-ray Examinations* |
|---|---|---|
| (*a*) Candidates applying for entry to training college .. .. .. | 154 | — |
| (*b*) Entrants to the teaching profession .. | 81 | 1,033 |
| (*c*) Teachers appointed to the County Staff (health declarations) .. | 1,477 | |

## MEDICAL INSPECTION RETURNS OF PUPILS ATTENDING MAINTAINED PRIMARY, SECONDARY, GRAMMAR AND TECHNICAL SCHOOLS

TABLE 12

MEDICAL INSPECTIONS

| | "Excepted" District of Beckenham | Bexley " " | Bromley " " | Gillingham " " | Remainder of Area | TOTAL |
|---|---|---|---|---|---|---|
| A—PERIODIC MEDICAL INSPECTIONS | | | | | | |
| Number of Inspections in the prescribed Groups— | | | | | | |
| Entrants .. .. .. .. | 1,008 | 1,619 | 867 | 1,325 | 23,789 | 28,608 |
| Second Age Group .. .. | 563 | 737 | 1,493 | 820 | 12,259 | 15,872 |
| Third Age Group .. .. | 583 | 754 | 401 | 544 | 11,308 | 13,590 |
| Total .. .. .. | 2,154 | 3,110 | 2,761 | 2,689 | 47,356 | 58,070 |
| Number of other Periodic Inspections | 2,064 | 729 | 977 | 1,284 | 24,464 | 29,518 |
| Grand Total .. .. | 4,218 | 3,839 | 3,738 | 3,973 | 71,820 | 87,588 |
| B—OTHER INSPECTIONS | | | | | | |
| Number of Special Inspections .. | 1,158 | 3,980 | 1,897 | 2,021 | 10,654 | 19,710 |
| Number of Re-Inspections .. .. | 412 | 4,115 | 884 | 1,942 | 34,917 | 42,270 |
| Total .. .. .. | 1,570 | 8,095 | 2,781 | 3,963 | 45,571 | 61,980 |

## C—Pupils Found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

| Group (1) | For defective vision (excluding squint) (2) | | | | | | For any of the other conditions recorded in Table 13 (3) | | | | | | Total individual pupils (4) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total |
| Entrants .. .. .. | 2 | 16 | 14 | 7 | 129 | 168 | 63 | 309 | 50 | 274 | 2,137 | 2,833 | 65 | 318 | 64 | 278 | 2,242 | 2,967 |
| Second Age Group .. .. | 27 | 76 | 33 | 39 | 691 | 866 | 43 | 125 | 53 | 68 | 868 | 1,157 | 64 | 185 | 86 | 106 | 1,480 | 1,921 |
| Third Age Group .. .. | 24 | 73 | 15 | 32 | 485 | 629 | 31 | 111 | 16 | 51 | 498 | 707 | 52 | 173 | 31 | 80 | 925 | 1,261 |
| Total (prescribed groups) .. | 53 | 165 | 62 | 78 | 1,305 | 1,663 | 137 | 545 | 119 | 393 | 3,503 | 4,697 | 181 | 676 | 181 | 464 | 4,647 | 6,149 |
| Other Periodic Inspections .. | 51 | 92 | 41 | 49 | 1,290 | 1,523 | 137 | 272 | 31 | 123 | 1,804 | 2,367 | 184 | 256 | 72 | 155 | 2,956 | 3,623 |
| Grand Total .. .. .. | 104 | 257 | 103 | 127 | 2,595 | 3,186 | 274 | 817 | 150 | 516 | 5,307 | 7,064 | 365 | 932 | 253 | 619 | 7,603 | 9,772 |

TABLE 13

## A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

NOTE.—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

| Defect Code No. | Defect or Disease (1) | PERIODIC INSPECTIONS — No. of Defects — Requiring treatment (2) | | | | | | PERIODIC INSPECTIONS — No. of Defects — Requiring to be kept under observation, but not requiring treatment (3) | | | | | | SPECIAL INSPECTIONS — No. of Defects — Requiring treatment (4) | | | | | | SPECIAL INSPECTIONS — No. of Defects — Requiring to be kept under observation, but not requiring treatment (5) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | "Excepted" District of Beckenham | Bexley ,, ,, ,, | Bromley ,, ,, ,, | Gillingham ,, ,, ,, | Remainder of Area | TOTAL | "Excepted" District of Beckenham | Bexley ,, ,, ,, | Bromley ,, ,, ,, | Gillingham ,, ,, ,, | Remainder of Area | TOTAL | "Excepted" District of Beckenham | Bexley ,, ,, ,, | Bromley ,, ,, ,, | Gillingham ,, ,, ,, | Remainder of Area | TOTAL | "Excepted" District of Beckenham | Bexley ,, ,, ,, | Bromley ,, ,, ,, | Gillingham ,, ,, ,, | Remainder of Area | TOTAL |
| 4 | Skin .. .. .. .. | 27 | 198 | 12 | — | 544 | 781 | 24 | 110 | 6 | 3 | 429 | 572 | 11 | 221 | 114 | 92 | 1,121 | 1,559 | 7 | 5 | 7 | 8 | 12 | 39 |
| 5 | Eyes—*a.* Vision .. .. | 104 | 257 | 103 | 127 | 2,595 | 3,186 | 26 | 159 | 100 | 35 | 1,004 | 1,324 | 25 | 195 | 82 | 127 | 886 | 1,315 | 9 | 3 | 27 | 113 | 140 | 292 |
| | *b.* Squint .. .. | 11 | 35 | 5 | 25 | 592 | 668 | 7 | 52 | 9 | 1 | 205 | 274 | 3 | 34 | 5 | — | 121 | 163 | 1 | 3 | — | — | 14 | 18 |
| | *c.* Other .. .. | 8 | 53 | 8 | 11 | 325 | 405 | 10 | 49 | 10 | 2 | 152 | 223 | 6 | 80 | 73 | 209 | 452 | 820 | 10 | 3 | 12 | 23 | 54 | 102 |
| 6 | Ears—*a.* Hearing .. .. | 9 | 11 | 1 | 2 | 250 | 273 | 8 | 74 | 9 | 2 | 325 | 418 | 12 | 11 | 5 | 73 | 128 | 229 | 13 | 5 | 6 | 12 | 37 | 73 |
| | *b.* Otitis Media .. | 4 | 10 | 1 | 2 | 111 | 128 | 6 | 50 | — | 1 | 205 | 262 | 1 | 16 | 19 | — | 75 | 111 | 5 | 3 | 1 | — | 16 | 25 |
| | *c.* Other .. .. | 7 | 19 | 2 | 6 | 63 | 97 | 8 | 34 | 1 | 2 | 89 | 134 | 6 | 16 | 64 | — | 138 | 224 | 7 | 2 | 1 | — | 23 | 33 |
| 7 | Nose or Throat .. .. | 51 | 129 | 30 | 275 | 927 | 1,412 | 132 | 466 | 65 | 297 | 2,686 | 3,646 | 59 | 209 | 85 | 49 | 420 | 822 | 105 | 28 | 47 | 46 | 153 | 379 |
| 8 | Speech .. .. .. | 3 | 12 | 4 | 12 | 167 | 198 | 9 | 32 | 7 | 15 | 392 | 455 | 7 | 9 | 8 | — | 121 | 145 | 10 | — | 10 | — | 37 | 57 |
| 9 | Cervical Glands .. .. | 8 | 9 | 1 | — | 57 | 75 | 15 | 168 | 2 | 39 | 1,702 | 1,926 | — | 46 | 8 | — | 49 | 103 | 5 | 2 | 3 | — | 31 | 41 |
| 10 | Heart and Circulation .. | 2 | 22 | 2 | 3 | 92 | 121 | 16 | 108 | 10 | 34 | 451 | 619 | 6 | 9 | 2 | 4 | 47 | 68 | 22 | 3 | 26 | 7 | 42 | 100 |
| 11 | Lungs .. .. .. | 23 | 17 | 8 | 5 | 275 | 328 | 62 | 269 | 14 | 25 | 1,002 | 1,372 | 30 | 129 | 21 | — | 188 | 368 | 70 | 23 | 20 | — | 101 | 214 |
| 12 | Developmental— | | | | | | | | | | | | | | | | | | | | | | | | |
| | *a.* Hernia .. .. | 2 | 7 | 1 | 6 | 92 | 108 | 7 | 26 | 1 | 4 | 115 | 153 | 2 | 5 | 1 | — | 12 | 20 | 7 | 1 | 3 | — | — | 11 |
| | *b.* Other .. .. | 2 | 10 | 2 | 3 | 108 | 125 | 10 | 126 | 46 | 2 | 533 | 717 | 5 | 2 | 14 | 3 | 16 | 40 | 6 | — | 30 | 3 | 11 | 50 |
| 13 | Orthopædic— | | | | | | | | | | | | | | | | | | | | | | | | |
| | *a.* Posture .. .. | 21 | 137 | 16 | 10 | 416 | 600 | 6 | 80 | 59 | 13 | 718 | 876 | 7 | 20 | 18 | — | 75 | 120 | 10 | 1 | 20 | — | 22 | 53 |
| | *b.* Flat foot .. | 16 | 243 | 11 | 20 | 676 | 966 | 6 | 129 | 39 | 27 | 577 | 778 | 13 | 40 | 31 | — | 127 | 211 | 5 | 3 | 36 | — | 18 | 62 |
| | *c.* Other .. .. | 50 | 122 | 30 | 2 | 689 | 893 | 35 | 221 | 30 | 9 | 917 | 1,212 | 48 | 88 | 78 | 3 | 269 | 486 | 26 | 8 | 24 | — | 82 | 140 |
| 14 | Nervous System— | | | | | | | | | | | | | | | | | | | | | | | | |
| | *a.* Epilepsy .. | 1 | 2 | — | — | 36 | 39 | 7 | 11 | 1 | 2 | 51 | 72 | 1 | 2 | 24 | — | 12 | 39 | 6 | 2 | 1 | — | 10 | 19 |
| | *b.* Other .. .. | 1 | 6 | 1 | 4 | 25 | 37 | 1 | 36 | 7 | 7 | 121 | 172 | 3 | 17 | 13 | 1 | 39 | 73 | 5 | 4 | 13 | — | 43 | 65 |
| 15 | Psychological— | | | | | | | | | | | | | | | | | | | | | | | | |
| | *a.* Development .. | 2 | 6 | 2 | — | 117 | 127 | 10 | 48 | 5 | — | 296 | 359 | 3 | 11 | 14 | — | 93 | 121 | 9 | 5 | 19 | — | 72 | 105 |
| | *b.* Stability .. .. | 1 | 4 | — | 7 | 119 | 131 | 2 | 185 | 4 | 1 | 956 | 1,148 | 1 | 47 | 3 | 21 | 155 | 227 | 7 | 16 | 4 | — | 144 | 171 |
| 16 | Other .. .. .. | 37 | 19 | 21 | 521 | 429 | 1,027 | 145 | 83 | 103 | 453 | 960 | 1,744 | 78 | 198 | 313 | 652 | 1,621 | 2,862 | 256 | 134 | 118 | 370 | 506 | 1,384 |
| | Totals .. .. .. | 390 | 1,328 | 261 | 1,041 | 8,705 | 11,725 | 552 | 2,516 | 528 | 974 | 13,886 | 18,456 | 327 | 1,405 | 995 | 1,234 | 6,165 | 10,126 | 601 | 254 | 428 | 582 | 1,568 | 3,433 |

## B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS

| Age Groups | Number of Pupils Inspected | | | | | | A. (Good) No. | | | | | | A. (Good) % of column 2 | | | | | | B. (Fair) No. | | | | | | B. (Fair) % of column 2 | | | | | | C. (Poor) No. | | | | | | C. (Poor) % of column 2 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total |
| (1) | (2) | | | | | | (3) | | | | | | (4) | | | | | | (5) | | | | | | (6) | | | | | | (7) | | | | | | (8) | | | | | |
| Entrants .. | 1,008 | 1,619 | 867 | 1,325 | 23,789 | 28,608 | 542 | 594 | 472 | 1,165 | 8,785 | 11,558 | 53·8 | 36·7 | 54·5 | 87·9 | 36·9 | 40·4 | 452 | 898 | 386 | 156 | 13,786 | 15,678 | 44·8 | 55·5 | 44·5 | 11·8 | 58·0 | 54·8 | 14 | 127 | 9 | 4 | 1,218 | 1,372 | 1·4 | 7·8 | 1·0 | 0·3 | 5·1 | 4·8 |
| Second Age Group | 563 | 737 | 1,493 | 820 | 12,259 | 15,872 | 368 | 378 | 652 | 715 | 4,648 | 6,761 | 65·4 | 51·2 | 43·7 | 87·2 | 37·9 | 42·6 | 188 | 294 | 823 | 103 | 7,034 | 8,442 | 33·4 | 39·9 | 55·1 | 12·6 | 57·4 | 53·2 | 7 | 65 | 18 | 2 | 577 | 669 | 1·2 | 8·9 | 1·2 | 0·2 | 4·7 | 4·2 |
| Third Age Group | 583 | 754 | 401 | 544 | 11,308 | 13,590 | 459 | 338 | 187 | 526 | 4,500 | 6,010 | 78·7 | 44·8 | 46·6 | 96·7 | 39·8 | 44·2 | 119 | 372 | 212 | 18 | 6,413 | 7,134 | 20·4 | 49·4 | 52·9 | 3·3 | 56·7 | 52·5 | 5 | 44 | 2 | — | 395 | 446 | 0·9 | 5·8 | 0·5 | 0·0 | 3·5 | 3·3 |
| Other Periodic Inspections .. | 2,064 | 729 | 977 | 1,284 | 24,464 | 29,518 | 1,353 | 322 | 561 | 1,074 | 9,485 | 12,795 | 65·5 | 44·2 | 57·4 | 83·6 | 38·8 | 43·3 | 697 | 367 | 407 | 204 | 13,929 | 15,604 | 33·8 | 50·3 | 41·7 | 15·9 | 56·9 | 52·9 | 14 | 40 | 9 | 6 | 1,050 | 1,119 | 0·7 | 5·5 | 0·9 | 0·5 | 4·3 | 3·8 |
| TOTALS .. | 4,218 | 3,839 | 3,738 | 3,973 | 71,820 | 87,588 | 2,722 | 1,632 | 1,872 | 3,480 | 27,418 | 37,124 | 64·5 | 42·5 | 50·1 | 87·6 | 38·2 | 42·4 | 1,456 | 1,931 | 1,828 | 481 | 41,162 | 46,858 | 34·5 | 50·3 | 48·9 | 12·1 | 57·3 | 53·5 | 40 | 276 | 38 | 12 | 3,240 | 3,606 | 1·0 | 7·2 | 1·0 | 0·3 | 4·5 | 4·1 |

TABLE 14

INFESTATION WITH VERMIN

| | "Excepted" District of Beckenham | Bexley " " | Bromley " " | Gillingham " " | Remainder of Area | TOTAL |
|---|---|---|---|---|---|---|
| (i) Total number of examinations in the schools by the school nurses or other authorised persons .. .. .. | 17,123 | 14,450 | 17,296 | 24,868 | 427,915 | 501,652 |
| (ii) Total number of pupils on roll of schools visited .. .. .. | 6,910 | 10,901 | 6,776 | 9,295 | 157,783 | 191,665 |
| (iii) Total number of individual pupils found to be infested .. .. | 10 | 67 | 101 | 511 | 2,815 | 3,504 |
| (iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. .. | — | 2 | — | 2 | 1,056 | 1,060 |
| (v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. .. .. | — | — | — | — | — | — |

TREATMENT TABLES.

NOTES.

(*a*) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(*b*) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

TABLE 15

GROUP I.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table 14)

| | Number of cases treated or under treatment during the year | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | by the Authority | | | | | | otherwise | | | | | |
| | "Excepted" District of Beckenham | Bexley " " | Bromley " " | Gillingham " " | Remainder of Area | TOTAL | "Excepted" District of Beckenham | Bexley " " | Bromley " " | Gillingham " " | Remainder of Area | TOTAL |
| Ringworm— (i) Scalp .. | — | — | — | 2 | 16 | 18 | — | — | — | — | — | — |
| (ii) Body .. | — | 211 | 6 | 17 | 32 | 266 | — | — | — | — | — | — |
| Scabies .. .. .. | — | 2 | — | 3 | 8 | 13 | — | — | — | — | — | — |
| Impetigo .. .. .. | — | 12 | 8 | 70 | 496 | 586 | — | — | — | — | — | — |
| Other skin diseases .. | 1,234 | 433 | 372 | 84 | 2,378 | 4,501 | 3 | — | 4 | — | 18 | 25 |
| Total .. .. | 1,234 | 658 | 386 | 176 | 2,930 | 5,384 | 3 | — | 4 | — | 18 | 25 |

## GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

| | Number of cases treated | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | by the Authority | | | | | | otherwise | | | | | |
| | "Excepted" District of Beckenham | Bexley " " | Bromley " " | Gillingham " " | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley " " | Bromley " " | Gillingham " " | Remainder of Area | Total |
| External and other, excluding errors of refraction and squint | 385 | 61 | 542 | 186 | 252 | 1,426 | 1 | — | — | 3 | 4 | 8 |
| Errors of Refraction (including squint) .. | 687 | 2,016 | 1,367 | 567 | 11,642 | 16,279 | 14 | — | — | 54 | 31 | 99 |
| Total .. .. | 1,072 | 2,077 | 1,909 | 753 | 11,894 | 17,705 | 15 | — | — | 57 | 35 | 107 |
| Number of pupils for whom spectacles were | | | | | | | | | | | | |
| (*a*) Prescribed .. | 159 | 466 | 680 | 273 | 4,934 | 6,512 | — | — | — | — | 8 | 8 |
| (*b*) Obtained .. | 170 | 353 | 1,132 | 277 | 4,366 | 6,298 | — | — | — | — | 3 | 3 |

## GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Received operative treatment— | | | | | | | | | | | | |
| (*a*) for diseases of the ear .. .. | — | — | — | — | — | — | — | 2 | — | — | 10 | 12 |
| (*b*) for adenoids and chronic tonsillitis | — | — | — | — | — | — | 423* | 103 | 343 | 150 | 2,174 | 3,193 |
| (*c*) for other nose and throat conditions | — | — | — | — | — | — | 1 | 3 | 5 | — | 15 | 24 |
| Received other forms of treatment .. .. | 137 | — | 197 | 55 | — | 389 | 11 | 69 | 37 | 5 | 75 | 197 |
| Total .. .. | 137 | — | 197 | 55 | — | 389 | 435 | 177 | 385 | 155 | 2,274 | 3,426 |

* Figure given by Beckenham Hospital (407) includes both School Health Service and Child Welfare Centre cases; not possible for hospital to give individual figures.

## GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (*a*) Number treated as in-patients in hospitals | — | — | — | — | — | — | 5 | 13 | 10 | — | 34 | 62 |
| (*b*) Number treated otherwise, e.g. in clinics or out-patient departments .. .. | 203 | 309 | 94 | — | 2,613 | 3,219 | 3 | 20 | — | 11 | 1,055 | 1,089 |

## GROUP V.—CHILD GUIDANCE TREATMENT

| | Number of cases treated | |
|---|---|---|
| | in the Authority's Child Guidance Clinics | elsewhere |
| Number of pupils treated .. .. .. .. | 1,338 | 331* |

* By arrangements with the Canterbury L.E.A.

## GROUP VI.—SPEECH THERAPY

| | Number of cases treated | |
|---|---|---|
| | by the Authority | otherwise |
| Number of pupils treated .. .. .. .. | 883 | — |

## GROUP VII.—OTHER TREATMENT GIVEN

| | Number of cases treated | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | by the Authority | | | | | | otherwise | | | | | |
| | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total | "Excepted" District of Beckenham | Bexley ,, ,, | Bromley ,, ,, | Gillingham ,, ,, | Remainder of Area | Total |
| (*a*) Miscellaneous minor ailments .. .. | 2,102 | 1,337 | 1,973 | 2,497 | 6,329 | 14,238 | — | — | — | 20 | — | 20 |
| (*b*) Other .. .. .. | | | | | | | | | | | | |
| 1. Ear Defects .. | — | 93 | — | 61 | 449 | 603 | — | — | — | 5 | — | 5 |
| 2. Eye Defects .. | — | 143 | — | 186 | 1,920 | 2,249 | — | — | — | 1 | — | 1 |
| 3. Injuries .. .. | — | 72 | — | — | 2,158 | 2,230 | — | — | — | — | — | — |
| 4. Catarrh, Sore Throats, etc. .. | — | — | — | — | — | — | — | — | — | 3 | — | 3 |
| 5. Appendicectomy .. | — | — | — | — | — | — | — | — | — | — | 96 | 96 |
| 6. Accidents and Fractures .. | — | — | — | — | — | — | — | — | — | — | 182 | 182 |
| 7. Miscellaneous .. | — | — | — | — | — | — | — | — | — | — | 77 | 77 |
| Total .. .. | 2,102 | 1,645 | 1,973 | 2,744 | 10,856 | 19,320 | — | — | — | 29 | 355 | 384 |

TABLE 16

DENTAL INSPECTION AND TREATMENT

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE LIBRARY 30 DEC 1963

| | "Excepted" District of Beckenham | Bexley " " | Bromley " " | Gillingham " " | Remainder of Area | TOTAL |
|---|---|---|---|---|---|---|
| (1) Number of pupils inspected by the Authority's Dental Officers— | | | | | | |
| (a) Periodic age groups .. .. | 6,334 | 2,832 | 1,938 | 851 | 56,291 | 68,246 |
| (b) Specials .. .. .. .. | 86 | 1,530 | 1,455 | 1,692 | 7,318 | 12,081 |
| Total (1) .. | 6,420 | 4,362 | 3,393 | 2,543 | 63,609 | 80,327 |
| (2) Number found to require treatment .. | 3,269 | 3,376 | 2,552 | 2,222 | 33,142 | 44,561 |
| (3) Number referred for treatment .. | 3,269 | 3,376 | 2,507 | 2,222 | 33,142 | 44,516* |
| (4) Number actually treated .. .. | 2,827 | 2,181 | 2,107 | 1,919 | 31,221 | 40,255* |
| (5) Attendances made by pupils for treatment .. .. .. .. .. | 6,230 | 7,021 | 4,819 | 5,392 | 91,756 | 115,218 |
| (6) Half-days devoted to— | | | | | | |
| Inspection .. .. .. .. | 52 | 17 | 16 | 6 | 494 | 585 |
| Treatment .. .. .. .. | 717 | 741 | 527 | 535 | 10,350 | 12,870 |
| Total (6) .. | 769 | 758 | 543 | 541 | 10,844 | 13,455 |
| (7) Fillings— | | | | | | |
| Permanent Teeth .. .. .. | 2,200 | 923 | 1,266 | 2,383 | 30,114 | 36,886 |
| Temporary Teeth .. .. .. | 1,681 | 291 | 185 | 742 | 7,537 | 10,436 |
| Total (7) .. | 3,881 | 1,214 | 1,451 | 3,125 | 37,651 | 47,322 |
| (8) Number of teeth filled— | | | | | | |
| Permanent Teeth .. .. .. | 1,953 | 906 | 1,211 | 2,001 | 27,730 | 33,801 |
| Temporary Teeth .. .. .. | 1,609 | 288 | 178 | 742 | 7,400 | 10,217 |
| Total (8) .. | 3,562 | 1,194 | 1,389 | 2,743 | 35,130 | 44,018 |
| (9) Extractions— | | | | | | |
| Permanent Teeth .. .. .. | 273 | 705 | 567 | 660 | 11,083 | 13,288 |
| Temporary Teeth .. .. .. | 2,255 | 3,516 | 3,511 | 4,234 | 41,267 | 54,783 |
| Total (9) .. | 2,528 | 4,221 | 4,078 | 4,894 | 52,350 | 68,071 |
| (10) Administration of general anæsthetics for extraction .. .. | 996 | 1,140 | 1,707 | 2,271 | 12,034 | 18,148 |
| (11) Other operations— | | | | | | |
| Permanent Teeth .. .. .. | 1,689 | 8,156 | 1,123 | 498 | 20,109 | 31,575* |
| Temporary Teeth .. .. .. | 1,252 | 546 | 418 | 65 | 13,438 | 15,719 |
| Total (11) | 2,941 | 8,702 | 1,541 | 563 | 33,547 | 47,294 |

* These figures include orthodontic work.